LEADING AGE SERVICES AUSTRALIA

Helping older Australians to live well

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Aged Care Industry Information Technology Council

ACSA AGED & COMMUNITY SERVICES AUSTRALIA

22 November 2013

Mr. Richard Royle
Panel Chair
Review of PCEHR
https://pcemr.accellion.net/envelope/upload

Review of the PCEHR

Thank you for inviting us to respond to the review of the PCEHR.

We represent the Providers of Aged Services in Australia. Our Providers are the second largest deliverers of Health Care Services in terms of the nation's finances (second to the State Hospitals), the largest in reach and frequency for Services to Older Australians. Service provision includes Home Care and Home Support, Residential Care, Independent Living and Private Hospital care and Hospices. Our clients include both Medicare and DVA recipients as well as self-funded retirees experiencing chronic disease, cognitive impairment (including dementia), palliative care and disability services to state a few.

We serve the largest growing demographic of the Australian population. Older Australians also make the highest call on health services.

The PCEHR represents a national infrastructure that enables a consumer to traverse Primary Care, State Hospitals and the Aged Care Sector. Its promise is to make that experience effective and efficient to all amongst the various other programs already in existence within all segments of Healthcare, including Aged Care.

Aged Care landscape

Interaction with State Hospitals

As demand increases, interactions between the Acute Sector and Aged Care will rise dramatically.

Currently there are approximately 65,000 transfers per annum between Public Hospitals and Nursing Homes alone. The primary point of contact is the Emergency Departments of State Hospitals – with an

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average 60% of activities represented by over 65 year olds. This activity will rise dramatically over the years.

Interaction with our clients, the Consumer

Between the Commonwealths funded aged care package programme, Home and Community Care Programme and Veterans Home Care there are approximately 930,000 care recipients. It is expected this number will rise to 2.8 million over the next thirty years.

The aged care industry is therefore embracing the government's policy objective, endorsed by consumers themselves, "Consumer Directed Care (CDC)".

CDC's core objective is to place the consumer at the centre of care and health service delivery as well as maximizing the consumer's engagement in the way in which they can choose the care and services they wish to access in order to maintain and enhance the care recipients independence in their own home.

Interaction with General Practice

Whilst the demand for GP services are rising due to challenges that are associated with the Sector, a Medication Chart at a Nursing Home reflecting a revised medication regime may take up to 6 weeks to be signed by a GP.

Registered Nurses

Registered Nurses employed by Aged Care Providers dominate the delivery of Clinical Care on a regular basis - daily Clinical Care for all in our facilities and delivery of High Care home nursing services.

Governance

1. There is no effective voice or Aged Care Industry Representation in Governance arrangements with respect to PCEHR.

2. Our clients, the Consumers, are also not represented.

3. Increasingly, we have not been consulted with respect to development of PCEHR to shape the national needs of this Sector.

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4. Despite proposing solutions on how to engage with Aged Care with respect to the PCEHR by participating in a multitude of Consultations, providing briefings over the last few years for a 'case for change' and delivering a project within 6 months called Pathfinder for the Commonwealth Department of Health, we are yet to see an emergence of a coherent and consistent endorsed Policy Initiative/Strategy for Older Australians that will realise the objectives of this national investment.

5. Governance focus is not on integrated health that leverages existing programs and available infrastructure to deploy PCEHR.

6. There is no demonstrable strategy to show that the current Governance arrangements will deliver sustainable market driven outcomes for Providers (and their clients) to drive into the future software and the infrastructure for PCEHR.

Development Focus

What functionality has been prioritised for development of PCEHR to support 'meaningful use'?

Transfer Document

We have identified discharge from hospitals and transfers from Aged Services as a key area to complete the integrated health concept in critical information flow. As part of Pathfinder, we have even identified the elements of a Transfer Document uploaded by a Registered Nurse from Aged Services, within the existing architecture of an Event Summary, developed with Vendors who serve the sector and proposed this as a low lying, cost effective but high impact way to address the Sectors need. That input was in October 2012, well before the cut off dates for 2013 and 2014 releases.

Given that an Older Australian who is admitted to a hospital stays there for an average 8 days, a Transfer document is not merely a reverse Discharge but has more information that is essential for quality care of our client.

A Transfer document covers food, prosthetics, cognitive capacity, dermatology, continence, medicines and updated care directives amongst others.

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Considerable energy is wasted in both hospitals and nursing homes in the transfer of residents/patients between one sector and the other, usually with minimal or no formal documentation. The introduction of a transfer document in both directions would simplify the exchange of information between both settings thus removing the current highly inefficient transfer mechanism.

Vital Signs

With the increasing gap in matching the rise in demand and available workforce to cater for this demand, use of Telehealth Services, especially monitoring of vital signs for health conditions, is about to grow dramatically.

PCEHR must capture this data in a way that is meaningful as the consumer traverses the Health Sector.

Meaningful Use

Aged Care Providers in both the community and residential settings are keen to adopt the PCeHR however, require a clear demonstration of meaningful use. We will be delighted if we can show to our Sector that we have found that the PCEHR can deliver meaningful use as a basis for its adoption.

Software Architecture

What is pursued is perfection in Software Architecture. There are no compromises and a pragmatic approach is required by seeking input from key stakeholders on leveraging and optimizing current systems etc. Quality will be improved as technology continues to evolve.

Consultations

Over the years there have been numerous Consultations. This is one area of competency – to call for, organize venues, papers, ability to conduct workshops and provide secretarial services – by the nominated Agency for EHealth.

However, skill sets in converting the Consultations to Deployment Priorities, managing expectations, executing change and providing a case for adoption are all areas that skills are best stated as not optimally delivered.

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Approach to Change

1. Incentive and continual payments

   Payments have been made to State Hospitals to get themselves ready to adopt E-Health and PCEHR.

   GP's have been given incentive payments via ePIP to facilitate and have in place some foundation infrastructure to facilitate change.

   Furthermore GP's receive payments to upload Shared Health Summary as part of MBS Consultation Fees Schedule.

   Nominated Software Vendors have been paid to modify their software to connect to and adopt the PCEHR.

   What plans exist to financially facilitate the Aged Care Sector to participate in adopting the PCEHR, similar to other segments of the Health Care Sector?

2. Aged Care Gateway

   This Commonwealth proposed initiative for Aged Care is to create a client record as one point of contact for the Consumer to enter and engage with ease to access Aged Care Services. The concept is similar to the PCEHR. Whilst it has much more other information as well, leveraging PCEHR will make the delivery of the Aged Care Gateway quicker and cost effective.

   Such a Gateway will ensure that all future Older Australians who seek Commonwealth Funded Aged Care Services will be registered with a PCEHR as a natural course of actions initiated by a GP.

   With financial assistance, Aged Service Providers can not only adopt PCEHR interacting with the Aged Care Gateway, but will also have a reason to sustain and incorporate PCEHR as part of their operations.

3. Usability

   Whilst we totally agree that the PCEHR must be usable by Clinicians, we point out that this should not just be GP centric.

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4. Large Scale Rollout beyond Registrations

   Given the Governance and Consultation items raised earlier, there is no stated plan of engagement to move from pilots to large-scale deployment.

   To be able to do this, and in particular with technology, one will need leadership within a sector of Health, with foundations that it needs, funding in place to facilitate the costs recognized elsewhere for change, armed with a Case which has Meaningful Use which it has explored for itself, with technology not perfect but sufficient in its opinion to facilitate their sector to undertake change and is part of a the multitudes of enforced programs and other changes the sector faces.

   If the desire for the PCEHR program is to be effectively delivered and financially optimal, let those within the industry lead the change for each sector.

5. Registrations

   We have never accepted in our proposals to DoH that Consumer Registrations be an initial goal – we wanted Meaningful Use as the change Agent. Registration of known persons, who receive regular care in whatever setting from Aged Services Providers, is then easy and a natural path.

Software Vendors

The Vendors who serve this Sector are largely Australian owned small businesses. We are grateful for their contribution and protect their interests as our own.

Asking the Software Vendors who serve Aged Care to prioritise downloading of Prescriptions for Medicines and building a tool to assist Consumer Registrations is not what the Sector recognises as a priority. Our requirements are to have a Transfer Document, providing consistent terminology in medicines to adopt the download of prescription information from a multitude of General Practitioners nationally, and independent of PCEHR activity for these Vendors to provide other software modifications such as Disability Services (NDIS) or Consumer Directed Care. These are good examples of mismatch between Sector needs and isolated way an Agency of the Commonwealth go about prioritising work of these small businesses that support Aged Care.

This type of software development that is pursued with the Sector endorsement will continue a culture of pilots, not a sustainable market driven future for PCEHR.

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Additionally, not all vendors in the Sector have been funded to adopt the PCEHR. What is the plan to have PCEHR reach the entire Sector?

Guided Market to Sustainability

Technology will require maintenance, updates and evolutions. PCEHR will be the same.

We recommend a two-pronged approach:

A. Basic Infrastructure to remain with the Commonwealth

The focus will be to operate and maintain the current infrastructure. We would not support the privatization of the current infrastructure. Commonwealth ownership of this infrastructure can drive Public Policy and safeguard private client data.

Private ownership of infrastructure with a focus to naturally monetize investment will create closed loop systems that have a toll fee attached for use. It will promote a segmented approach to access client owned data similar to the American System where Providers are aligned to a handful of Insurers. Those Clients who cannot pay will be excluded from accessing services, especially the old and the vulnerable.

This important Public Policy debate, already taking shape, should not be stymied by default.

B. Sector drives Market – normal market rules

On behalf of our Sector and to set priority to Software Vendors, we believe that the Sector should be funded to further adopt technology to deliver services.

This funding will range from specific incentive payment for PCEHR to normal funding that relates to provision of services (underpinned by Consumer demand).

It will facilitate the evolution of PCEHR as part of the wider Delivery of Health Services via Market forces within the current Policy Context.

On going upkeep of PCEHR will then become sustainable.

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Summary

1. Past Governance has not been optimal, there is an opportunity now to get it right so that the promised outcomes of a PCEHR can be achieved.

2. Complete the promised revolution for the Consumer and their team of Health Care Providers to deliver what is required by re-organising the Governance structure to:

- have the Government Department manage Budget and shed it of nil value adding structures,
- enable stakeholders to realise the promise of the PCEHR and accept technology is always progressing
- accept that usability will evolve as workflows change, manage expectations, leverage all programs in Health to deliver PCEHR and;
- demand delivery by all stakeholders for Australians Young and Old

3. For Aged Services Providers, complete the Discharge/Transfer functionality, complete the Medication Record (not just prescriptions), capture vital signs to prevent avoidable hospitalisation and demonstrate meaningful use of PCEHR.

4. Invest in change of Aged Services Providers just as much as other players in Health, if we are to achieve an integrated Health outcome for the Consumer. Aged Services Providers will then guide and drive a sustainable market for PCEHR as part of their normal initiatives in delivering services.

We would be happy to meet with the Review Panel and if convenient, would like to suggest 2nd December in Canberra for your consideration?

Kind Regards,

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