NSW Health Innovation Symposium

Connecting Minds: Innovating Care Every Day in Every Way

Stream Three: Integrated Health Care –

"*How PCEHR can help integration*"

Greg Wells - Chief Information Officer

NSW GOVERNMENT | eHealth

Collaboration with Primary Care

Question	Answer
How timely are discharge summaries?	50% most of the time before visit
How legible are they?	50% most of the time
How accurate are they?	Most of the time
How complete are they?	Some of the time
Are medications properly documented?	Most of the time
How well do they communicate key info?	70% Some of the time
How often do you chase the hospital?	Ranged between 20% to 80%
How many of the are Handwritten?	Ranged between 20% and 70%
How are they delivered?	Mostly by patient

A survey of the hospitals in Auburn; Blacktown; Blue Mountains; Children's Hospital Westmead; Lithgow; Mt Druitt; Nepean

medicare local
NEPEAN-BLUE MOUNTAINS
Connecting health to meet local needs

1. What is the PCEHR? << Enrolment. Statistics. New Government and next Steps?

2. Implications for NSW? << How is the PCEHR being used today by NSW clinicians?

3. Integrated Care? << Where do we take this? Why?

Untitled

Sector calls for transparency and end to mistakes in PCEHR | The Australian

www.theaustralian.com.au/technology/sector-calls-for-transparency-and-end-to-mistakes-in-pcehr/story-e6frgakx-1226

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Sector calls for transparency and end to mistakes in PCEHR

FRAN FOO | THE AUSTRALIAN | SEPTEMBER 17, 2013 12:00AM

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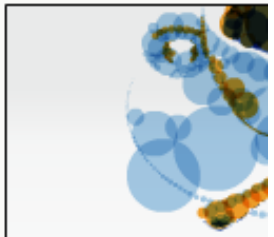
MEDICAL experts and industry players have urged prime minister-elect Tony Abbott to rectify the national e-health record system's "significant mistakes and missed opportunities" and ensure transparency is a key plank in its delivery.

In the lead-up to the election, Mr Abbott vowed to overhaul the cumbersome personally controlled e-health record (PCEHR) program, calling for a review.

TECHNOLOGY OPINIO

CHRIS GRIFFITH
'Trying out out a nev
high definition TV h
sweet experience'



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eHealth ready!
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PHARMACY GUILD TAKES A WAIT AND SEE APPROACH TO PCEHR

WRITTEN BY KATE MCDONALD ON 12 SEPTEMBER 2013.

The Pharmacy Guild of Australia has clarified its position on community pharmacy involvement in the PCEHR, saying that while a concern over legal risks to pharmacists using the system had largely been overcome, it would wait to review its position until the outcome of the new government's audit of the system was known.

In a scorecard on PCEHR and eHealth uptake released last week, NEHTA reported that it understood that the Pharmacy Guild had advised members not to sign the PCEHR participation agreement until systems were in place to allow individual users to be identified.

NEHTA said uptake amongst pharmacists outside the lead eHealth sites was being hampered by difficulties in identifying individual users of common pharmacy terminals, which is a requirement of the PCEHR.

NEHTA's figures show that as of July 10, 271 community pharmacies were registered in the PCEHR system, but most of those were in Tasmania, Victoria or Queensland and were involved in the trial that established the National Prescription and Dispense Repository (NPDR).

In a statement to *Pulse+IT*, a spokesperson for the Guild said the legal risks had been "largely overcome", but the organisation would not review its recommendation against signing the agreement until the new government announced what it planned to do.

"The Pharmacy Guild of Australia supports the concept of an electronic health record and has invested significant

Why clinicians don't like national e-health

And what needs to be done to change their minds

Brett Avery (CIO) | 25 September, 2013 13:45 | Comments | Like 15 +1 2

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GFI Simple IT Management
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Govt spends $8m more on eHealth records

By Allie Coyne on Jul 17, 2013 1:45 PM
Filed under Software

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3 Comments

Claims 120,000 people signed up in past weeks.

The Federal Government will pour a further $8 million into its personally-controlled electronic health records system to allow pathology results to be added to a person's eHealth record.

In a speech to the Health Informatics conference today, Health Minister Tanya Plibersek revealed the further investment and said the total number of users currently on the system was 520,000.

The figure means around 120,000 people had signed up to the PCEHR in the past few weeks.

The Government set itself a target of 500,000 users on the system by June 30 this year, which it missed. It had 397,745 users at that time.

A Health spokesperson said the system was receiving thousands of registrations per day.

According to Plibersek, around 5000 GP practices, hospitals and healthcare organisations were currently on board, with more than 16 million healthcare documents added to patient eHealth records.

Tags

government, health, ehealth, pcehr, tanya plibersek

Related Articles

- Qld Govt to apologise to Health workers
- NBN Co to reserve data port for government
- Queensland outsources IT, reviews QGCIO

Statistics

- 950,000 consumers enrolled
- 5,500 providers connected
- 30 software providers connected
- 400 shared health summaries per week
- 23,000 provider access events per month
- 35,000 consumer access events per month
- ACT, SA and NSW Health now connected

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HealtheNet

The HealtheNet program enables:

1. “Better” Discharge summaries – direct to GP desktops using National Identifiers
2. NSW Provider access to cross-LHD alerts, allergies, clinical documents, medical imaging studies and other information (one click from their EMR)
3. Sharing of information with the National eHealth Record (PCEHR) - *starts from October 22*, and
4. NSW Provider access to National eHealth Record (PCEHR) information – MBS, PBS, ACIR, Shared Health Summaries

HealtheNet

On September 9 NSW Connected our HealtheNet platform with the PCEHR

Local HealtheNet Statistics

- 4 LHDs, Kids Network in close collaboration with WS, NBM, ES, SE Medicare Locals
- **960,000 NSW Clinical Documents** stored (2/3 from Community)
- **1.7M NSW hospital visit histories**
- Enterprise Patient Registry that links all NSW identifiers – currently contains **6.6M patients**
- **1.02M Diagnostic Imaging Studies** (which includes 74M images)
- NSW Portal **accessed 18,000 times** by clinicians in lead sites since August 2012
- Full eBlue Book integration

National (PCEHR) Integration

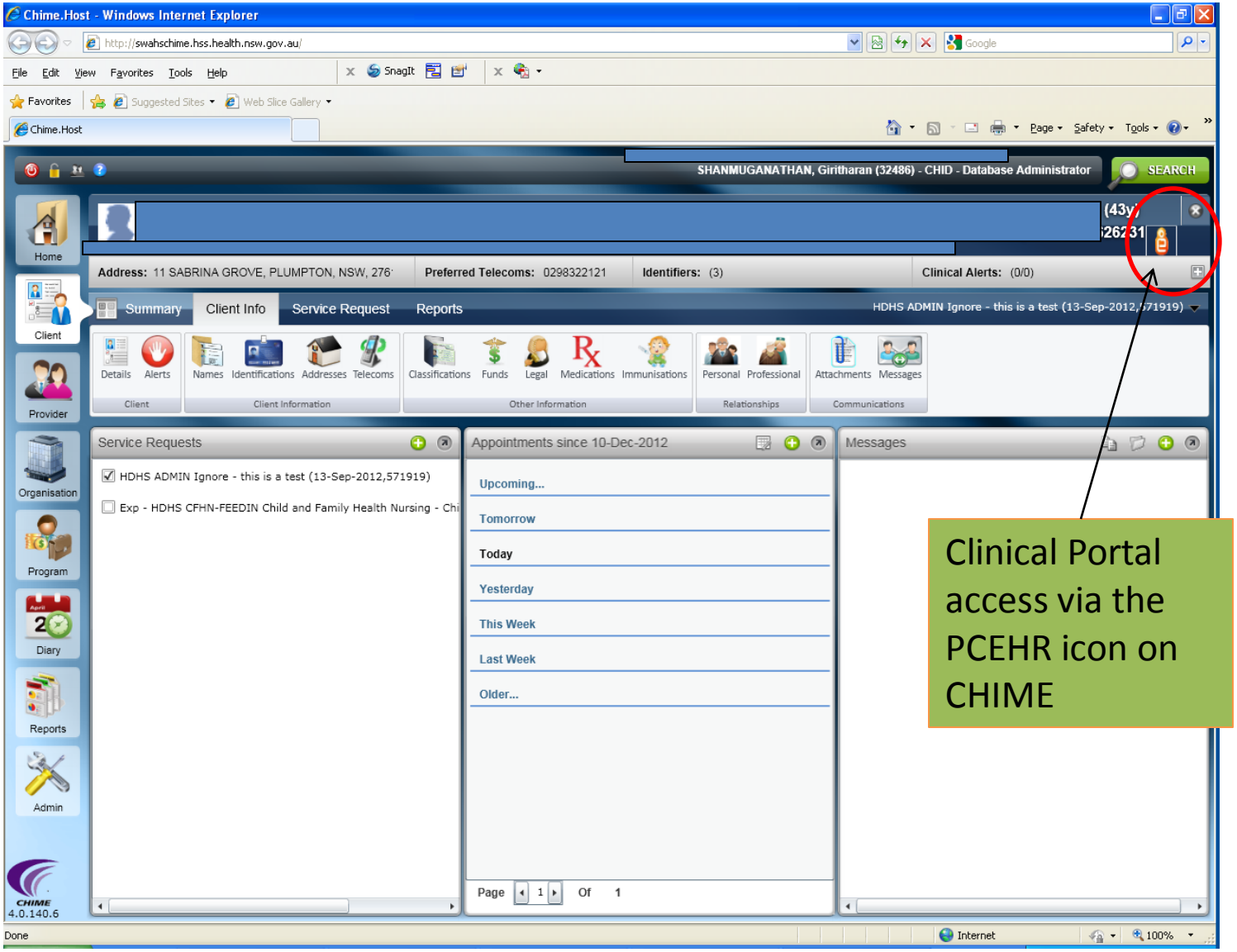
Access to all PCEHR documents now available in lead sites. NSW to contribute up to 2000 D/C summaries per week to PCEHR from October

2M NSW patients now have IHIs (Another 5M by end 2013). 6816 Patients enrolled in PCEHR by HealtheNet team

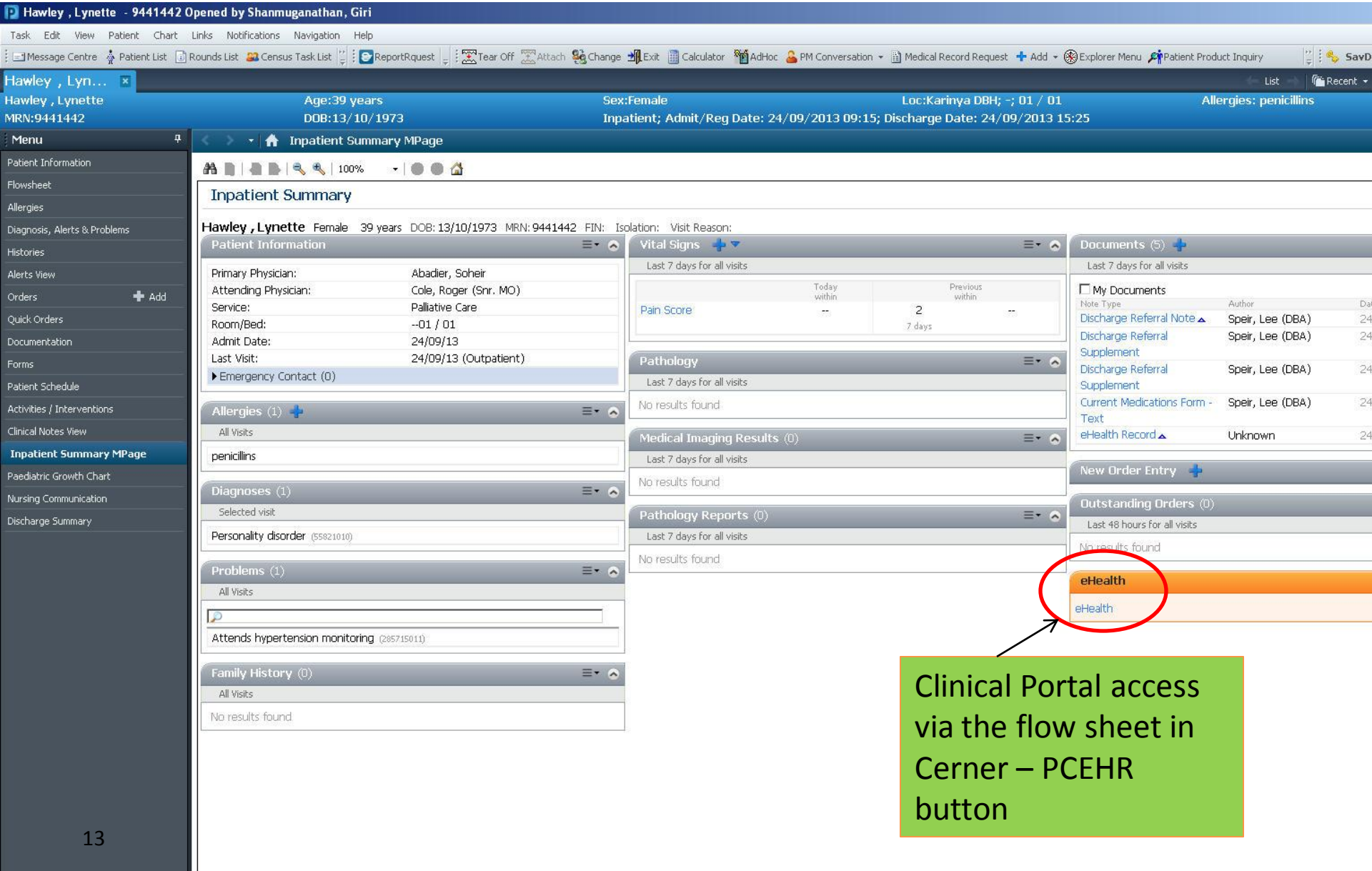
PCEHR accessed 480 times since 9 September 13 – documents accessed most being Medicare, PBS & ACIR

Consumer only National CeHR available through HealtheNet

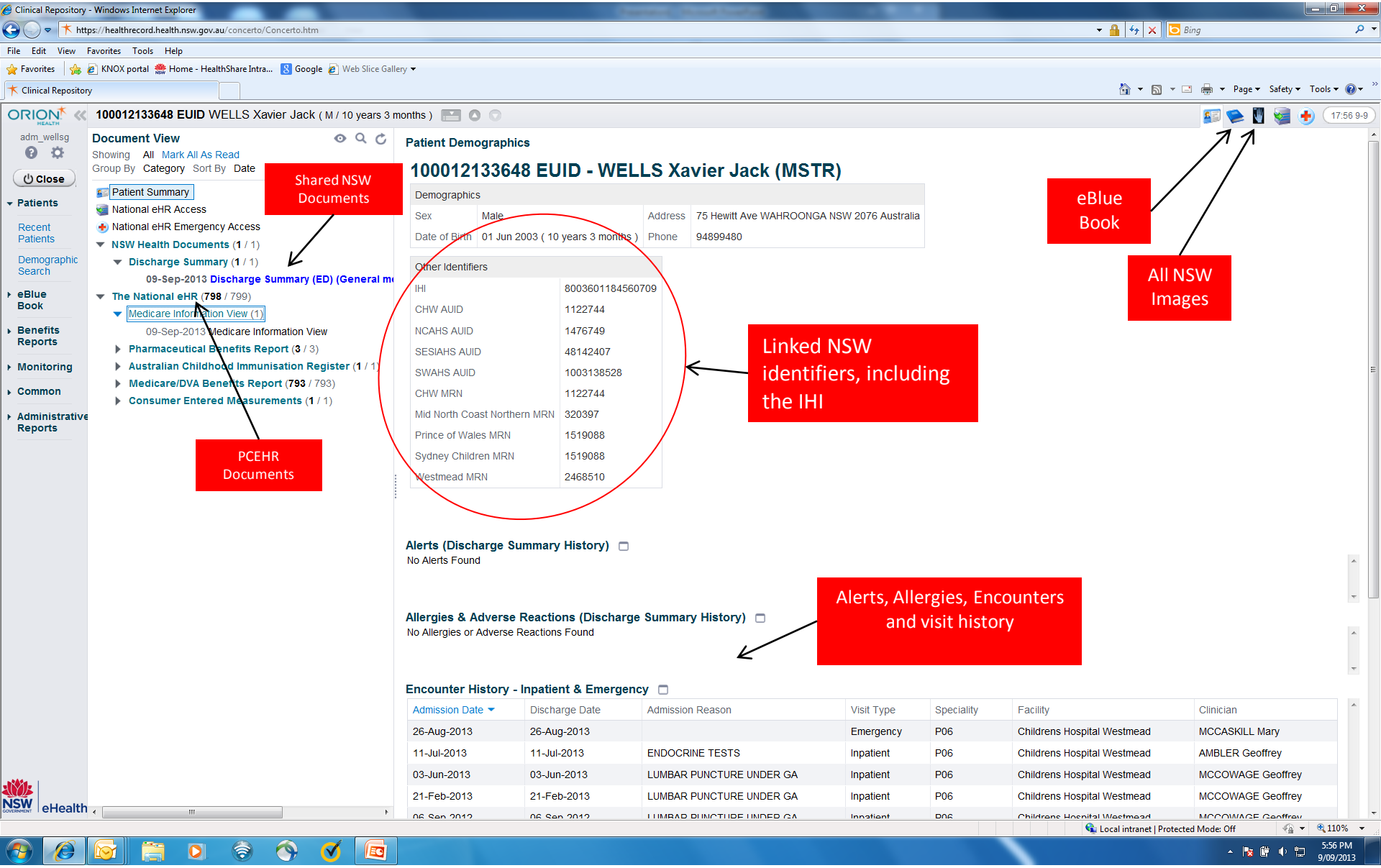
The NSW Clinical Portal is accessed Directly from the (Acute and Community) EMR

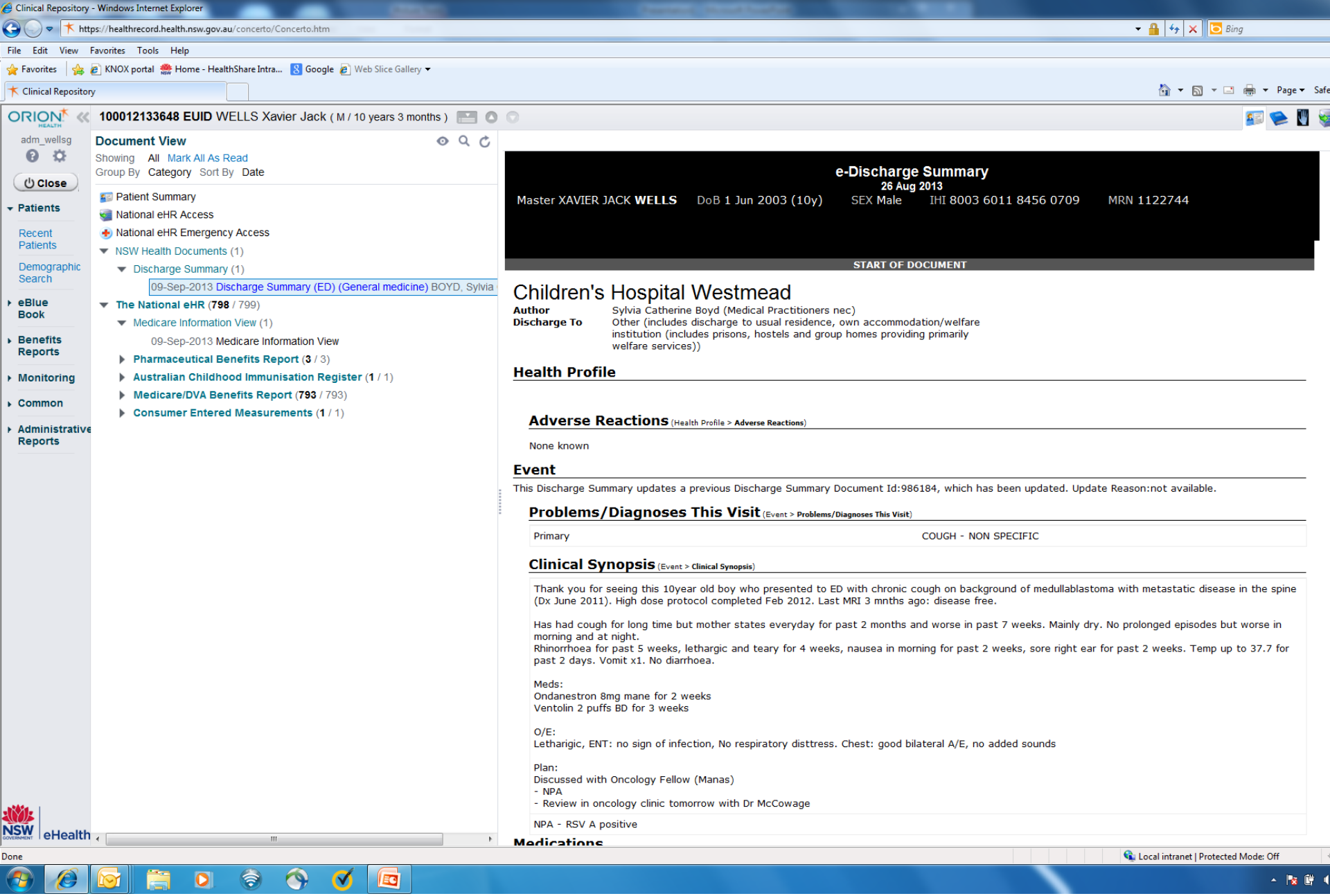


The NSW Clinical Portal is accessed Directly from the (Acute and Community) EMR



The Clinical Portal is launched (**in patient context**)

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e-Discharge Summary
26 Aug 2013
Master XAVIER JACK WELLS DoB 1 Jun 2003 (10y) SEX Male IHI 8003 6011 8456 0709 MRN 1122744
START OF DOCUMENT
Children's Hospital Westmead
Author Sylvia Catherine Boyd (Medical Practitioners nec)
Discharge To Other (includes discharge to usual residence, own accommodation/welfare institution (includes prisons, hostels and group homes providing primarily welfare services))
Health Profile
Adverse Reactions (Health Profile > Adverse Reactions)
None known
Event
This Discharge Summary updates a previous Discharge Summary Document Id:986184, which has been updated. Update Reason:not available.
Problems/Diagnoses This Visit (Event > Problems/Diagnoses This Visit)
Primary COUGH - NON SPECIFIC
Clinical Synopsis (Event > Clinical Synopsis)
Thank you for seeing this 10year old boy who presented to ED with chronic cough on background of medullablastoma with metastatic disease in the spine (Dx June 2011). High dose protocol completed Feb 2012. Last MRI 3 mnths ago: disease free.
Has had cough for long time but mother states everyday for past 2 months and worse in past 7 weeks. Mainly dry. No prolonged episodes but worse in morning and at night.
Rhinorrhoea for past 5 weeks, lethargic and teary for 4 weeks, nausea in morning for past 2 weeks, sore right ear for past 2 weeks. Temp up to 37.7 for past 2 days. Vomit x1. No diarrhoea.
Meds:
Ondanestron 8mg mane for 2 weeks
Ventolin 2 puffs BD for 3 weeks
O/E:
Letharigic, ENT: no sign of infection, No respiratory disttress. Chest: good bilateral A/E, no added sounds
Plan:
Discussed with Oncology Fellow (Manas)
- NPA
- Review in oncology clinic tomorrow with Dr McCowage
NPA - RSV A positive
Medications
NSW eHealth
Done
Local intranet | Protected Mode: Off

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https://healthrecord.health.nsw.gov.au/concerto/Concerto.htm
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studyURL	Study Title	Modality	Accession Number	Study Date/Time	Facility
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EIR Medical Imaging Viewer

Study Details

MRN/AUID: A207 1122744 **EUID:** 100012133648 **Birth Date:** 01/06/2003

Last Name: Wells **First Name:** Xavier **Middle Name:** Jack **Prefix:** MSTR

Accession#: 61164919 **Study ID:** 61164919 **Gender:** M **Suffix:**

Description: mr.fullspi SPINE^WHOLE SPINE

Study Content

(STMO) [redacted]

Ref. Phys

Reading Phys Kang, David^^^^

Findings

Finding Technique: Axial T1 FLAIR + c; and sagittal T1 FLAIR + c and T2 sequences have been obtained. Comparison: CHW MR spine of 23/08/12 Findings: The conus terminates at T12/L1. No abnormal cord signal seen. No abnormal contrast enhancement or intraspinal mass is identified. The previously seen hyperintense focus just to the right of the cord at the level of T3 is again seen, as well as a smaller focus on the left side in a similar position. Again this is probably artefactual. The appearance of the vertebrae is unchanged, with non-contiguous fatty marrow changes and subtle loss of vertebral body height most marked at T3 and T5. Impression: No evidence of disease recurrence.

PhoenixZIPReport

T2 TSE SAG CTLS COMPOSED

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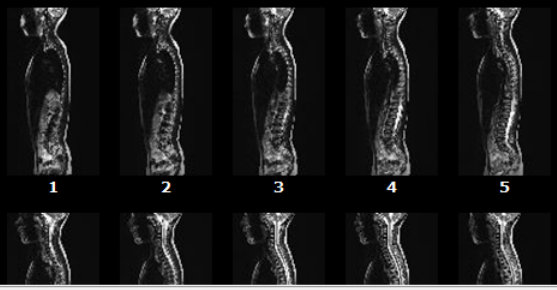

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eBlueBook

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unisations (1)

Immunisation Record eBlue Book

wth Charts (7)

Growth Observations eBlue Book

Weight (kg) by Age. BOYS, birth to 36 m

Weight (kg) by Age. BOYS, 2 to 20 years

Stature (cm) by Age. BOYS, 2 to 20 year

Height (cm) by Age. BOYS, birth to 36 m

Head Circumference (cm) by Age. BOYS

Body Mass Index (kg/m2) by Age. BOYS,

lth History (2)

07-Sep-2012 Record of Illness and Injuri

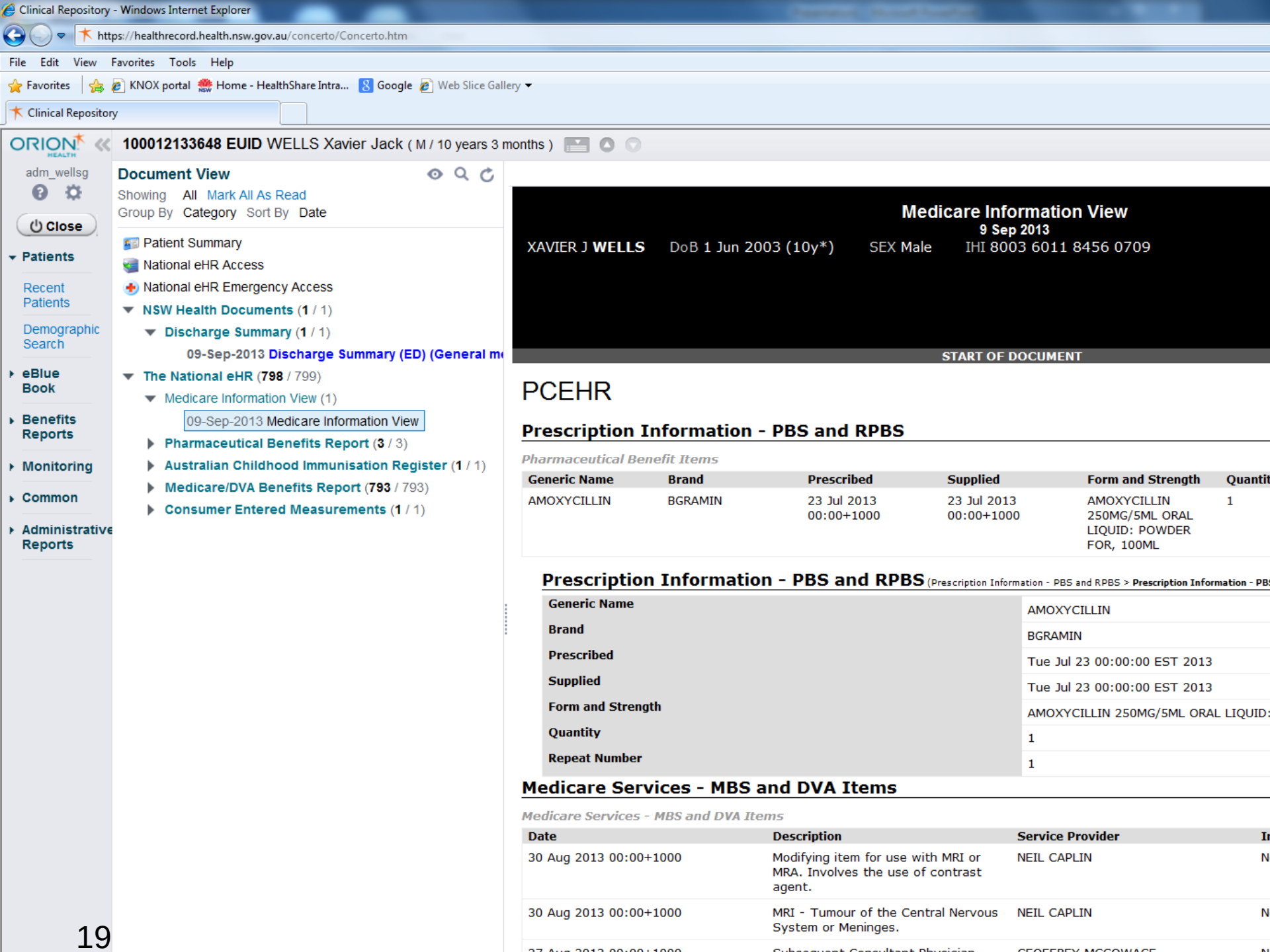
05-Sep-2012 Family Medical History Gre

lth Diary (1)

Notes Record eBlue Book

Weight (kg) by Age. BOYS, 2 to 20 years (kg

Source Parent/Carer (2)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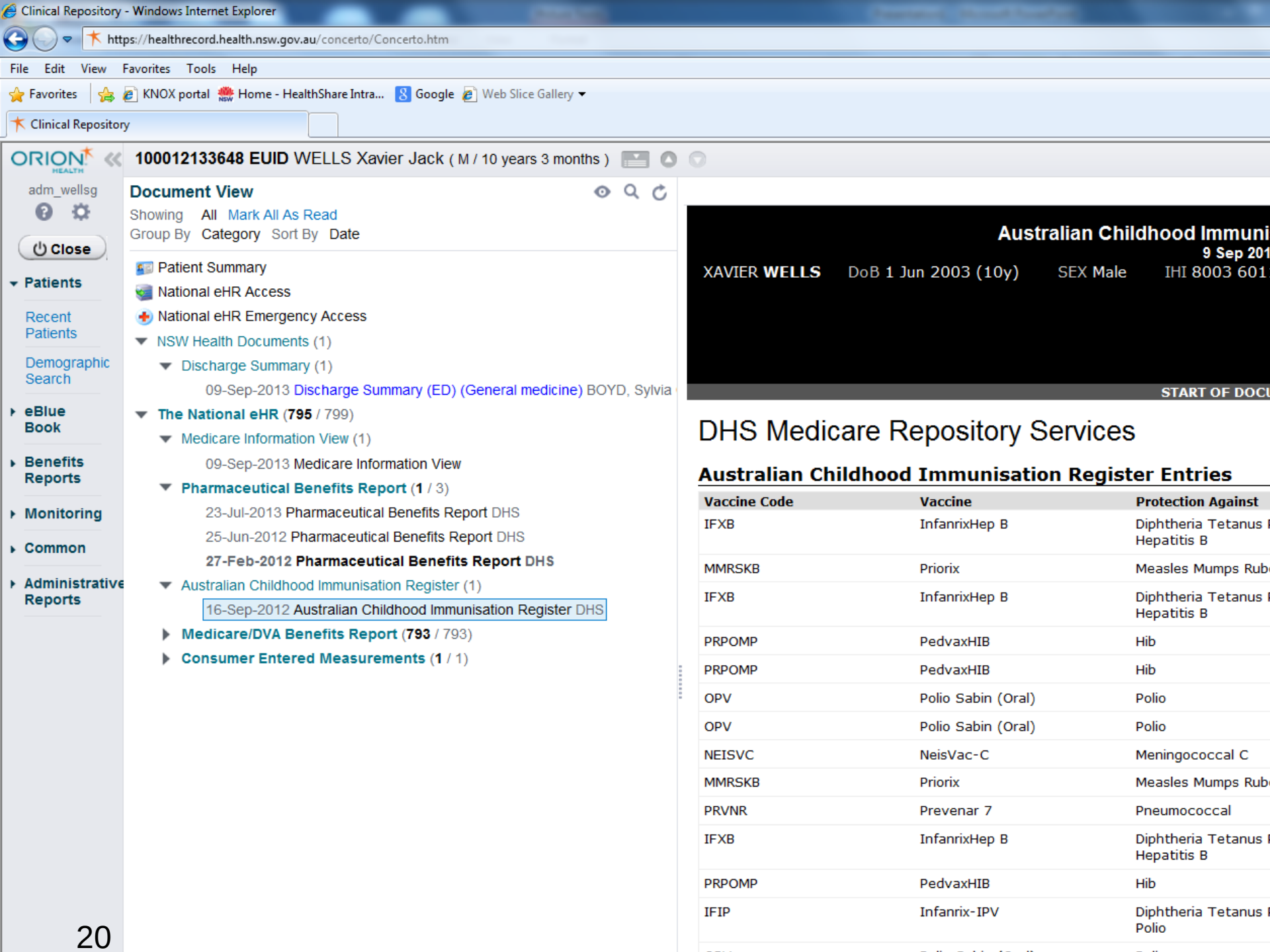
XAVIER J WELLS DoB 1 Jun 2003 (10y*) SEX Male IHI 8003 6011 8456 0709
START OF DOCUMENT
PCEHR
Prescription Information - PBS and RPBS
Pharmaceutical Benefit Items
Generic Name Brand Prescribed Supplied Form and Strength Quantit
AMOXYCILLIN BGRAMIN 23 Jul 2013 00:00+1000 23 Jul 2013 00:00+1000 AMOXYCILLIN 250MG/5ML ORAL LIQUID: POWDER FOR, 100ML 1
Prescription Information - PBS and RPBS (Prescription Information - PBS and RPBS > Prescription Information - PBS
Generic Name AMOXYCILLIN
Brand BGRAMIN
Prescribed Tue Jul 23 00:00:00 EST 2013
Supplied Tue Jul 23 00:00:00 EST 2013
Form and Strength AMOXYCILLIN 250MG/5ML ORAL LIQUID:
Quantity 1
Repeat Number 1
Medicare Services - MBS and DVA Items
Medicare Services - MBS and DVA Items
Date Description Service Provider
30 Aug 2013 00:00+1000 Modifying item for use with MRI or MRA. Involves the use of contrast agent. NEIL CAPLIN
30 Aug 2013 00:00+1000 MRI - Tumour of the Central Nervous System or Meninges. NEIL CAPLIN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National eHR Emergency Access
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Discharge Summary (1)
09-Sep-2013 Discharge Summary (ED) (General medicine) BOYD, Sylvia
The National eHR (795 / 799)
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09-Sep-2013 Medicare Information View
Pharmaceutical Benefits Report (1 / 3)
23-Jul-2013 Pharmaceutical Benefits Report DHS
25-Jun-2012 Pharmaceutical Benefits Report DHS
27-Feb-2012 Pharmaceutical Benefits Report DHS
Australian Childhood Immunisation Register (1)
16-Sep-2012 Australian Childhood Immunisation Register DHS
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Vaccine
Protection Against
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InfanrixHep B
Diphtheria Tetanus
Hepatitis B
MMRSKB
Priorix
Measles Mumps Rub
IFXB
InfanrixHep B
Diphtheria Tetanus
Hepatitis B
PRPOMP
PedvaxHIB
Hib
PRPOMP
PedvaxHIB
Hib
OPV
Polio Sabin (Oral)
Polio
OPV
Polio Sabin (Oral)
Polio
NEISVC
NeisVac-C
Meningococcal C
MMRSKB
Priorix
Measles Mumps Rub
PRVNR
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Pneumococcal
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24-Jun-2011 **Medicare/DVA Benefits Report** DHS
24-Jun-2011 **Medicare/DVA Benefits Report** DHS
23-Jun-2011 **Medicare/DVA Benefits Report** DHS
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16-Jun-2011 **Medicare/DVA Benefits Report** DHS
29-May-2011 **Medicare/DVA Benefits Report** DHS
21-Apr-2011 **Medicare/DVA Benefits Report** DHS
19-Apr-2011 Medicare/DVA Benefits Report DHS
19-Sep-2010 Medicare/DVA Benefits Report DHS
13-Jul-2010 Medicare/DVA Benefits Report DHS

Consumer Entered Measurements (**1** / 1)

Medicare/DVA Benefits Report

19 Apr 2011

XAVIER **WELLS** DoB 1 Jun 2003 (7y) SEX Male IHI 8003 6011 8456 0709

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DHS Medicare Repository Services

Medicare/DVA Funded Services

Description	CONSULTATION AT CONSULTING ROOMS - LEVEL 'B'.
Name	DR. KENNETH FACER
Service In Hospital Indicator	No

Administrative Observations

Age when record was created	7

ADMINISTRATIVE DETAILS

Patient

Name	XAVIER J WELLS
Sex	Male
Date of Birth	1 Jun 2003 (7y)
IHI	8003 6011 8456 0709
Address	Not Provided

Author

Device Name	DHS Medicare Repository Serv

Clinical Document Details

Document Type	Medicare/DVA Benefits Report
Creation Date/Time	19 Apr 2011 00:00+1000
Date/Time Attested	Not Provided
Document ID	1.2.36.1.2001.1007.11.800364 0000000446365
Completion Code	Final

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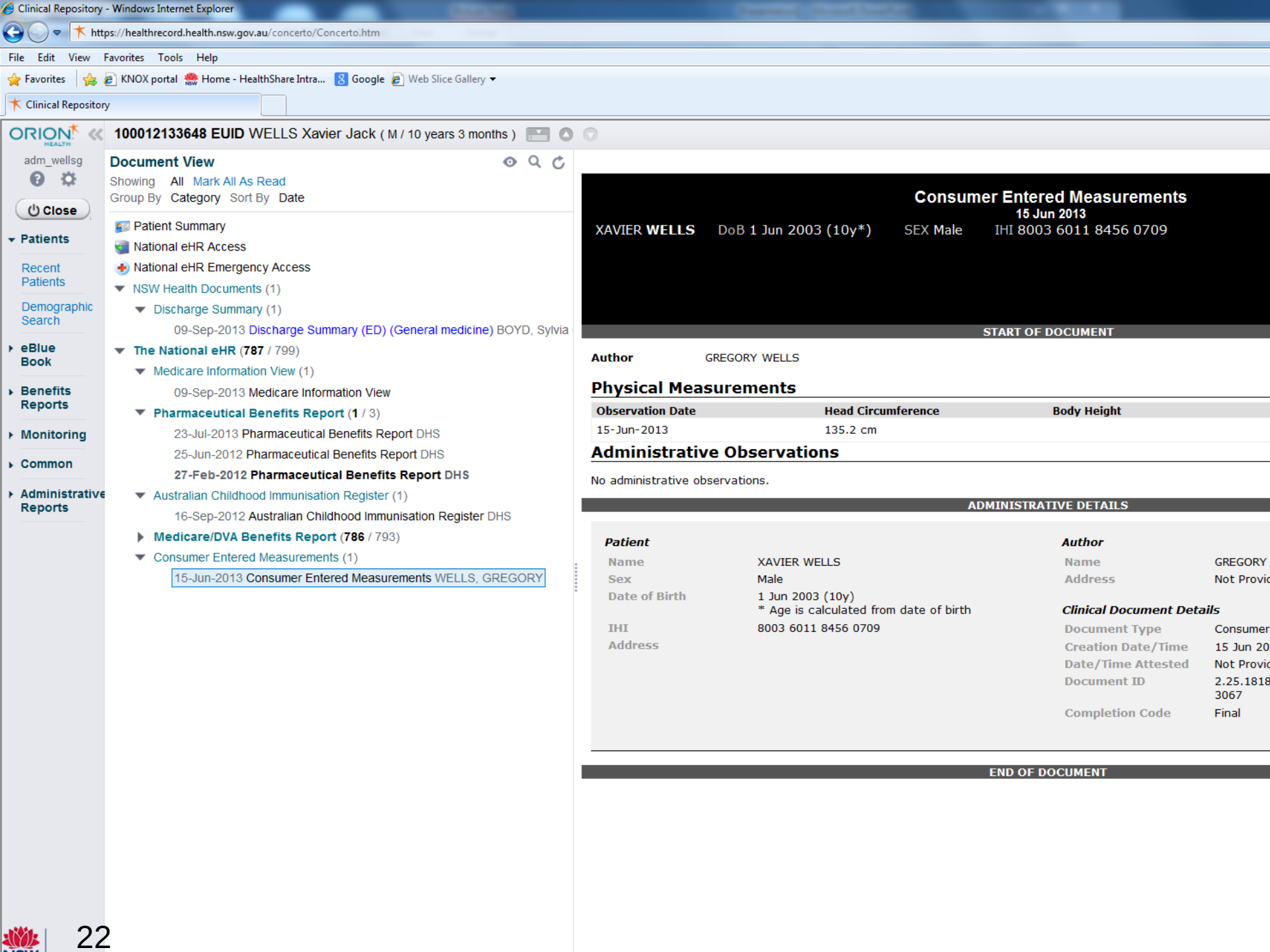
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Benefits Reports
Monitoring
Common
Administrative Reports
Document View
Showing All Mark All As Read
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Patient Summary
National eHR Access
National eHR Emergency Access
NSW Health Documents (1)
Discharge Summary (1)
09-Sep-2013 Discharge Summary (ED) (General medicine) BOYD, Sylvia
The National eHR (787 / 799)
Medicare Information View (1)
09-Sep-2013 Medicare Information View
Pharmaceutical Benefits Report (1 / 3)
23-Jul-2013 Pharmaceutical Benefits Report DHS
25-Jun-2012 Pharmaceutical Benefits Report DHS
27-Feb-2012 Pharmaceutical Benefits Report DHS
Australian Childhood Immunisation Register (1)
16-Sep-2012 Australian Childhood Immunisation Register DHS
Medicare/DVA Benefits Report (786 / 793)
Consumer Entered Measurements (1)
15-Jun-2013 Consumer Entered Measurements WELLS, GREGORY
Consumer Entered Measurements
15 Jun 2013
XAVIER WELLS DoB 1 Jun 2003 (10y*) SEX Male IHI 8003 6011 8456 0709
START OF DOCUMENT
Author GREGORY WELLS
Physical Measurements
Observation Date | Head Circumference | Body Height
15-Jun-2013 | 135.2 cm
Administrative Observations
No administrative observations.
ADMINISTRATIVE DETAILS
Patient
Name XAVIER WELLS
Sex Male
Date of Birth 1 Jun 2003 (10y)
* Age is calculated from date of birth
IHI 8003 6011 8456 0709
Address
Author
Name GREGORY
Address Not Provic
Clinical Document Details
Document Type Consumer
Creation Date/Time 15 Jun 20
Date/Time Attested Not Provic
Document ID 2.25.1818 3067
Completion Code Final
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1. What is the PCEHR? << Enrolment. Statistics. New Government and next Steps?

2. Implications for NSW? << How is the PCEHR being used today by NSW clinicians?

3. Integrated Care? << Where do we take this? Why?

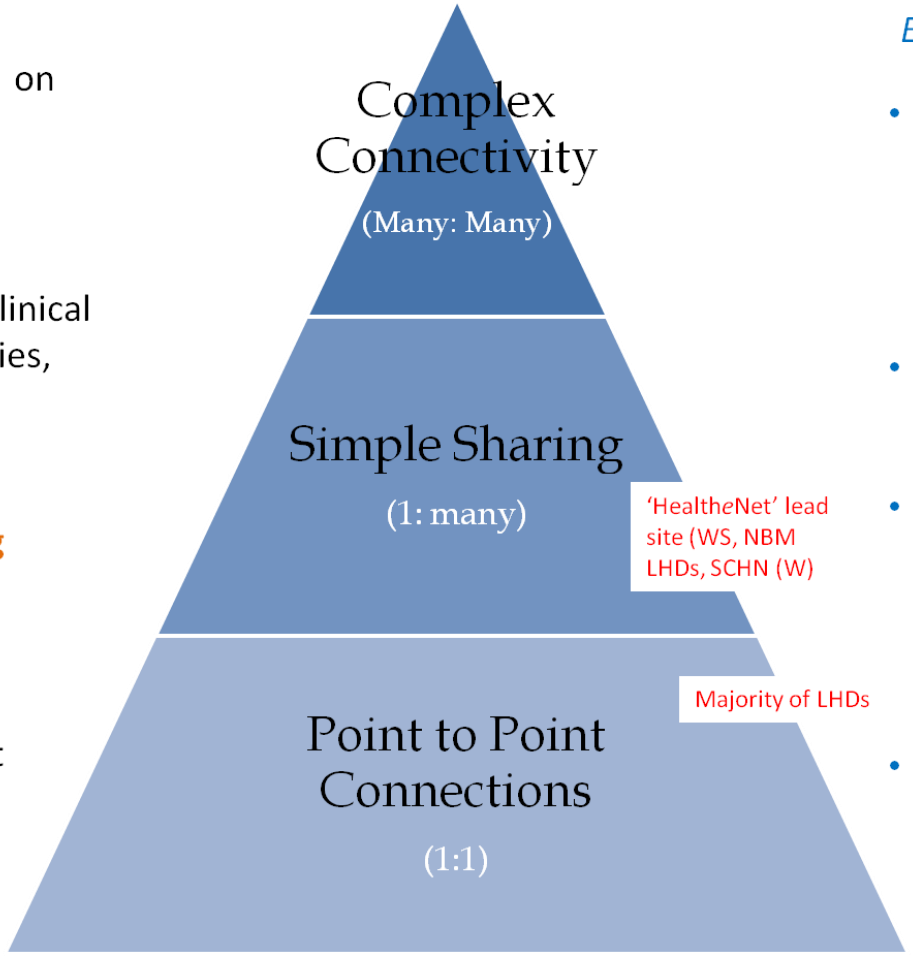
HealtheNet

Application Connectivity / Integration
(Clinical Conversations)

- 'Closed Loop' collaboration on clinical workflow
- **Driving outcomes**

- Automated sharing of key clinical information (Images, Allergies, Discharge Summaries)
- Can be referenced for collaboration
- **Influencing, but not driving outcome**

- Sharing of basic transactions (e.g. Lab result or D/C letter)
- Unable to be leveraged for collaboration



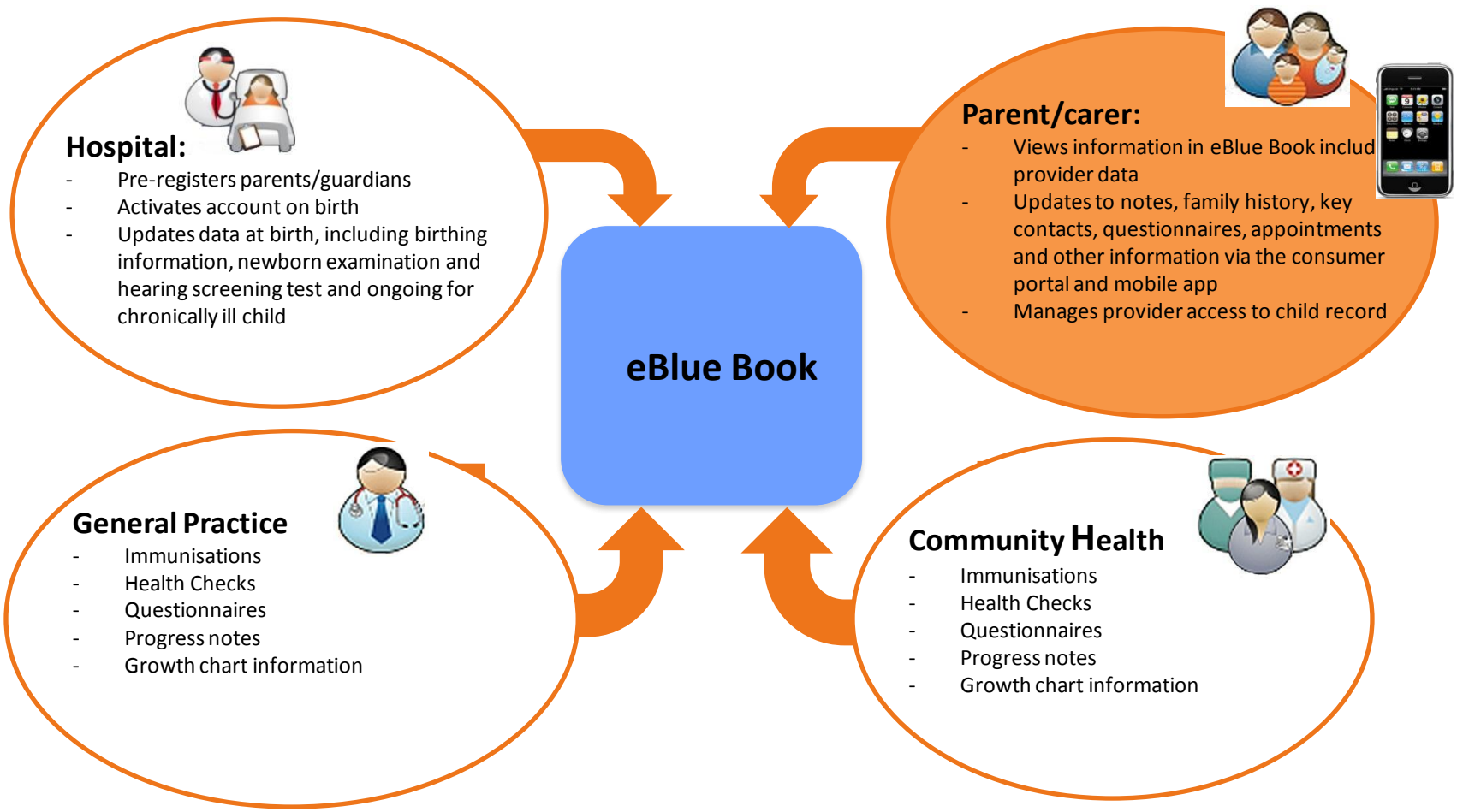
E.g. Medications Reconciliation

- *Medications Reconciliation at all handover points based on GP and Hospital prescribed mediations*

- *Coded Medications in automated Discharge Summary to GP*
- *Discharge summary stored for sharing with others and sent to Commonwealth Program*

- *GP letter with discharge medications*

Child Health Growth and Development



- Personal Health Record involving all carers / settings
- Key focus is on **empowering consumers**, however providers in each setting derive benefit via access to information not previously available
- Benefits flow via **2-way communication / collaboration between consumers and providers**
- More provider input (more of the loop closed) = > value

NSW Health Innovation Symposium

Connecting Minds: Innovating Care Every Day in Every Way

Thank You

Greg Wells - Chief Information Officer

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