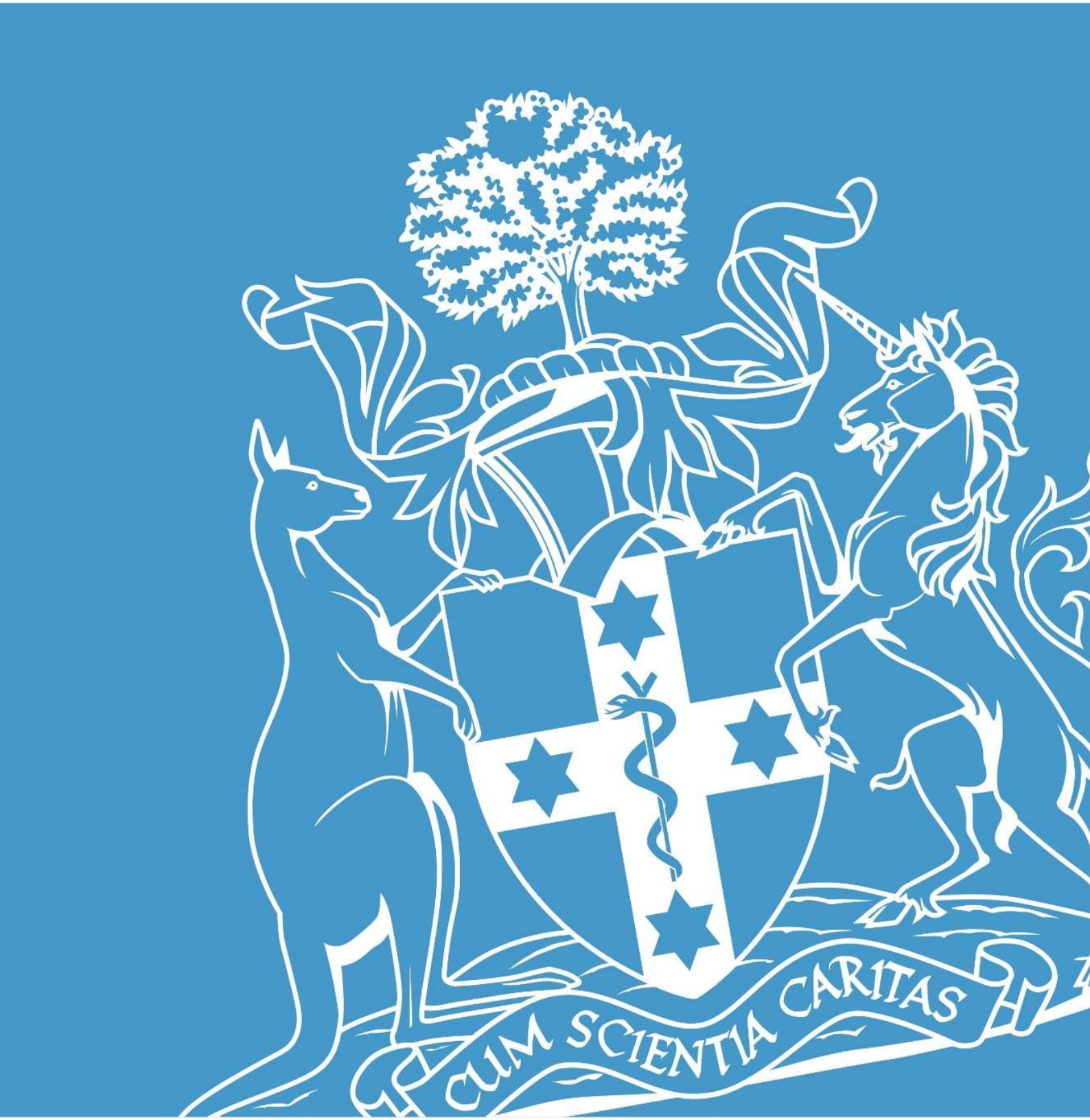
RACGP

Royal Australian College *of* General Practitioners

RACGP response:

National Healthcare Interoperability Plan

December 2021



Contents

1. Introduction

The Royal Australian College of General Practitioners (RACGP) is pleased to provide a response to the Draft National Healthcare Interoperability Plan (the Plan). Our response has been structured to align with the Australian Digital Health Agency survey.

2. About the RACGP

The RACGP is Australia's largest professional medical college. The RACGP sets and maintains the standards for high quality general practice in Australia and advocates on behalf of the general practice discipline. As a national peak body representing over 43,000 members working in or towards a career in general practice, our core commitment is to support Australian general practitioners (GPs) address the primary healthcare needs of the Australian population. General practice is well placed to support population health outcomes while improving equity of access to quality health care. Increased investment in primary care and high performing general practice is a practical solution to address increasing healthcare costs, while supporting an economically sustainable healthcare system.

As an independent member-based organisation, we lead the way in facilitating continuous improvement in general practice through clinical, educational and digital advances. The RACGP is responsible for defining the nature of the discipline including setting the standards, creating the curriculum, and providing ongoing education and training. We support GPs in their pursuit of excellence in health care and community service.

This response has been prepared by the RACGP Expert Committee – Practice Technology and Management (REC–PTM), which oversees and supports a program of work relating to digital health, practice management and emergency preparedness and response.

3. The RACGP response

The RACGP makes the following key recommendations:

- Government must ensure general practice is actively engaged and consulted on the implementation phases of the Plan. The RACGP should be provided with the opportunity to provide GP representation on relevant working groups to inform proposed changes directly impacting general practice systems.
- The Plan must support the seamless transfer of information between patients, their GP and others involved in their healthcare.
- The Plan should recognise that increased interoperability increases privacy and security concerns, requires complex planning, requires financial and time investment, and must be supported by education and training to increase uptake and adoption.
- Standards must be prioritised for delivery to ensure consistency and compatibility and should be developed through a collaboration of users, experts in clinical informatics and vendors of

clinical information systems. The RACGP is well positioned to lead this work for general practice clinical information systems

- The Plan must consider health equity issues and ensure Australia's most vulnerable populations have access to high quality care.

The RACGP also notes that while the My Health Record has an important role, it needs careful consideration as its use is not mandatory and not all patients will have one, creating gaps in information for some people.

4. Response to survey questions

4.1 Do you support the Interoperability Principles in section 3.1, or should some principles be amended, added or removed?

Overall, the RACGP supports the Interoperability Principles as outlined in section 3.1.

The foundation for interoperability is based on data being entered into a single source of truth to be utilised over multiple platforms and by multiple healthcare providers to reduce inefficiencies in data collection and reduce transcription and relay error. This will allow GPs to easily access the most current and correct information, enabling high quality care to be delivered to patients across the nation. Systems should be so well-designed that users, particularly those in overburdened sectors such as aged care, do not require high levels of digital literacy. Technologies need to be user-friendly to minimise the need for extensive training and education.

4.2 Implementation Actions

4.2.1 Are there any key actions missing to promote the objectives of this Plan? (A consolidated list of actions can be found in section 10)

The RACGP supports the list of objectives that will support the implementation of the Plan. However, there is a lack of discussion on how funding and education will support these initiatives along with details on implementation and adoption.

There is also a lack of discussion regarding consumer facing systems. There are no targeted actions to support people (both consumers and health professionals) who are not digitally capable.

Whilst the Australian health care system is considered one of the world's best, it is also considered one of the worst in terms of health equity[i]. Equity, as defined by the World Health Organization is "the absence of avoidable, unfair or remedial differences amongst groups of people, whether those groups are defined socially, economically, demographically or by means of stratification".

Ubiquitous interoperability of healthcare systems can play a significant role in improving health equity via simple consumer facing systems, accessible via mobile phones, tablets and computers. Improving network access, implementing consumer health tools, which provide access to health

information, improving digital literacy and providing support for those with impairments that reduce access to technology, would reduce inequity for those most vulnerable. The Plan needs to prioritise these.

Technologies used in healthcare need to transcend boundaries of language, location and behaviour. Australia has a richly diverse and multicultural population and many patients seeking healthcare from culturally and linguistically diverse backgrounds may not be able to receive optimal care via digital health. Technologies must support culturally and linguistically diverse populations to access to their personal health information in an interpretable format.

Technologies should aim to improve access for all populations, particularly those most vulnerable, to receive high quality and timely healthcare from their usual GP and broader health care teams.

4.2.2 Would you like to see any changes to the scope or timeframe of the proposed actions?

The RACGP believes the timeframes are reasonable, however, we recognise there are many challenges to the successful implementation of healthcare technologies which may impact these timelines. Increased interoperability increases privacy and security concerns, requires complex planning, requires financial and time investment, and must be supported by education and training to increase uptake and adoption.

Careful planning, ongoing evaluation, appropriate consultation and appropriate resourcing will be required to ensure the proposed timelines can be met. Considered planning and development phases that prioritise meaningful contribution of end-users, including GPs, will greatly improve the opportunity for successful implementation.

4.2.3 Are there any actions that your organisation would like to be involved in progressing, and what would that involve?

The RACGP is well positioned to provide comment and advice on what is feasible and useful for general practice and on how the proposed actions will impact GPs and their practice teams. We request that the RACGP is provided with ongoing support to provide GP representation on relevant working groups.

4.3 Interoperability Initiatives

4.3.1 Which, if any, of the implementation initiatives in section 7.4 would you like prioritised for delivery and why?

The RACGP believes establishing Standards should be prioritised for delivery. The key role of standards is to create consistency and compatibility. The current healthcare IT systems use different coding and terminology across fragmented systems making it difficult to transfer, compare

and analyse data, a key barrier to effective data exchange and interoperability. These issues must be resolved to create the foundation for greater interoperability across the healthcare sector. Some of the standards work referred to in the Plan regarding pathology requesting and reporting and highlighting of abnormal results has already been done by the Pathology Information, Terminology and Units Standardisation (PITUS) project, which requires mandating in some form. The RACGP provided extensive input to the standards developed through this project.

We are concerned about the suggestion that patient discharge summaries should be able to be circumvented or delayed by other automated information exchange. This is not acceptable and a discharge summary should always be generated as the patient is discharged. These documents can be written during patient admission and merely finalised at discharge. This is another key area where mandated regulations are required.

The CSIRO Practice to Practice record transfer specification, to provide electronic patient records across general practice systems, would be an area of high priority as it satisfies an area of high need as well as provides proof of concept of many of the requirements for interoperability.

4.4 General feedback

4.4.1 Is your organisation leading any activities that should be identified in the final Plan?

The RACGP has produced the Minimum requirements for general practice clinical information systems to improve usability report. The report identifies and details a number of key clinical information system (CIS) functions and roles and provides recommendations focused on improving usability in the collection, management, use and sharing of information. We are, therefore, well positioned to support the development of a detailed minimum set of GP CIS standards.

4.5 Do you have any additional feedback on the Plan?

Governance and management of the Plan is anticipated to be overseen by the jurisdictions through the National Health Chief Information Officer Roundtable. This may be problematic as jurisdictions do not own, control, or fund large parts of the health care system, including general practice. Governance and management solely by the jurisdictions may lessen the impact and acknowledgement of health professionals and organisations who are not owned, controlled or funded by the jurisdictions.

Organisations representing health professionals who are not owned, controlled or funded by the jurisdictions (ie, private practitioners) should have an equal place and role in the decisions and actions relating to governance and management of the Plan. This includes GPs, other specialists, and Allied Health. These groups will require funding to participate as they are not salaried employees and time away from their practice equates to lost income.

GPs, healthcare professionals and vendors must be supported to participate in interoperability initiatives, including via targeted education and financial incentives. Incentives need to be considered alongside building sustainable business models.

The RACGP supports, in principle, universal adoption by the health care sector of My Health as outlined in the Plan. The focus on My Health Record needs careful consideration as its use is not mandatory and not all patients will have one, creating gaps in information. Consequently, it is difficult to rely on it as 'a source of truth'. Furthermore, systems across healthcare must be interoperable with My Health Record for it to be effective.

4 Conclusion

Australians see their GP more than any other health professional, with almost 90% seeing a GP at least once each year. GPs are highly trained generalist medical specialists providing the interface between the patient and the broader healthcare system.

Interoperability will greatly assist GPs but to create system interoperability there must also be support, infrastructure and training for general practices. For example, to implement or update digital health systems and to transfer existing records to new digital records. System integration is critical to ensure accuracy and minimise duplication, but this cannot be readily implemented by many facilities due to a lack of infrastructure, knowledge and funds.

The RACGP urges government to partner with us on both the planning and implementation phases of the Plan to ensure the role of GPs, as the coordinators of healthcare, is not adversely impacted by technologies that are administratively burdensome and do not fit with current clinical workflows.

We look forward to working collaboratively with the Australian Digital Health Agency and other stakeholders on the National Healthcare Interoperability Plan.

Should you have any questions or comments regarding the RACGP's submission, please contact Ms Joanne Hereward, Program Manager Practice Technology and Management at joanne.hereward@racgp.org.au

[i] The Commonwealth Fund. Mirror, mirror 2017: International comparison reflects flaws and opportunities for better U.S. health care. New York: The Commonwealth Fund, 2017. Available at www. commonwealthfund.org/publications/fund-reports/2017/ jul/mirror-mirror-2017-international-comparison-reflectsflaws-and [Accessed 21 November 2019]