

7 December 2015

Committee Secretary
Senate Select Committee on Health
PO BOX 6100
Parliament House
Canberra ACT 2600

Dear Committee Secretary

Re: Inquiry into health policy, administration and expenditure

The Royal Australian College of General Practitioners (RACGP) thanks the Senate Select Committee on Health (the Committee) for the opportunity to provide a submission for review and consideration.

The RACGP is the specialty medical college for general practice in Australia. We represent over 30,000 members working in or towards a career in general practice. The RACGP is responsible for:

- defining the nature of the discipline and the scope for the profession
- setting the standards and curriculum for education and training
- maintaining the standards for quality clinical practice
- supporting general practitioners in their pursuit of excellence in patient care and community service.

This submission addresses the two topics the Committee has selected to focus on at this time. These topics include the collection, linkage and access to health data and reform proposals that may improve overall health outcomes.

1. Background

The role of healthcare professionals in documenting healthcare consultations has evolved from the requirement to record and manage medical records at a local level, to contributing and transferring information fit for a range of clinical and administrative purposes. This has inevitably resulted in the move away from paper records to electronic healthcare records (EHRs).

Electronic Healthcare Records (EHRs) improve accessibility, legibility and useability of healthcare data. However, as the volume of information within EHRs and the number of data sources and databases grows, it has become increasingly difficult to manage the consolidation and display of data, which impacts on the quality of information held and visibility of this information in local clinical systems.

EHRs allow data to be collected as part of routine clinical care. Patient healthcare data is typically stored in multiple databases including local practice management and clinical information systems,

hospital patient administration systems, pathology and diagnostic imaging systems, government repositories (e.g. Medicare, My Health Record), and customer relationship management (CRM) and finance systems.

The ongoing challenge for all healthcare professionals is ensuring clinical and demographic information is of sufficient quality and accuracy to meet clinical requirements, and having safe and efficient platforms to facilitate the sharing of information between healthcare providers for continuity of care and clinical handover and to ultimately improve patient health outcomes.

2. General practice standards

The RACGP is responsible for setting the standards for general practice. General practices seeking accreditation against *The Standards for general practices* (4th edition) (The Standards) are required to meet several criteria including Criterion 1.7.1 - Patient Health records and Criterion 1.7.2 Health Summaries (which refers to local health summaries).

Criterion 1.7.1 requires that the practice demonstrates:

- evidence that each patient has a legible individual patient health record containing all health information held by the practice about that patient.
- the practices' active patient health records include patient identification, contact and demographic information (where appropriate) including:
 - the patient's full name
 - date of birth
 - gender
 - contact details
 - Aboriginal and Torres Strait Islander status
 - recording the other cultural backgrounds

Criterion 1.7.2 details that health summaries are incorporated into active patient health records and include mandatory indicators such as:

- the practice can demonstrate that at least 90% of their active patient health records contain a record of known allergies (while it is important to record all known allergies, it is particularly important to record adverse drug reactions as this facilitates safer prescribing and reduces the likelihood of adverse outcomes)
- the practice can demonstrate at least 75% of their active patient health records contain a current GP health summary

A health summary as defined by the Standards should include:

1. Allergies and adverse reactions
2. Medicines list
3. Medical history
4. Health risk factors
5. Immunisations
6. Relevant family history

7. Relevant social history including ethnicity where clinically relevant

General practice also collects and stores pathology and diagnostic imaging and patient billing data and national healthcare identifiers making general practice a rich data repository.

3. GP clinical information systems

The vast majority of general practice use GP clinical information systems to store and manage their patient information. These systems therefore have the potential to be a rich source of data. But the value of the data is dependent on its quality. Impacting on data quality is the consistency of data coding, and its accuracy of recording which impacts on the ability to aggregate it.

Data in itself is simply raw information stored as characters, words, symbols, measurements, or statistics. Data translation into useful information and knowledge requires collection using standardised processes and clinical terminology and inter-operability between data platforms.

A major barrier to using this data at a population level is the use of different terminologies across different general practice clinical information systems. This makes it challenging to transfer, compare and analyse data between systems. This lack of standardised terminology means that data cannot be efficiently aggregated and compared across local general practice populations.

To facilitate data collection and analysis, general practice software must be more capable of collecting, extracting and transmitting data in a consistent and standardised manner. In addition, individual practices must subscribe to standardised coding schedules for the input of their practice data into systems. Much patient information is contained in free text and not coded consistently or entered into clinical software systems.

4. Data linkage and transmission

Modern healthcare delivery models require the transfer and sharing of information between providers, care teams, care sites and across disciplines. Data is shared for ongoing patient care but it is also important for clinical and health services research, population health management, and patient use of personal health records, i.e the My Health Record.

4.1 Sharing of information between providers, care sites and across disciplines

Healthcare data transmitted by providers as a part of the normal clinical referral, letters and hospital discharge processes currently cannot be routinely sent electronically via Secure Message Delivery (SMD) as the national building blocks to achieve this have not been consistently implemented. This is a critical dependency towards achieving data interoperability. Much of general practice is in a position to do this but the interoperability between other providers remains an issue.

4.2 My Health Record

The data uploaded to and obtained by clinicians and other key stakeholders from national e-Health systems, such as the My Health Record, may in the future be an important source of data, however, the current significant obstacles to adoption need to be resolved before the My Health Record becomes an embedded component of the healthcare landscape.

The My Health Record was established to allow consumers to share their personal health details with providers of their choice. It is important to note that My Health Record is a consumer controlled summary of healthcare information and therefore does not and cannot replace the local clinical record held by the consumer's preferred healthcare provider.

4.3 Population health management

The Australian Institute of Health and Welfare (AIHW) identifies the limitations in primary healthcare information in Australia in their 2014 report [Australia's Health System](#). The data on who needs primary health care services, what care they receive (including where they receive it, for what reason and from whom), and the outcome, is incomplete. This lack of data is in contrast to the comprehensive information datasets available on activity in well-resourced Australian hospitals.

General practices should be supported to create quality data sets within their local clinical information systems to help us understand and address these gaps in knowledge. Obtaining access to this valuable general practice data and linking to it from various sources could potentially improve healthcare for individuals and specific population groups.

4.4 National healthcare data repositories

Commonwealth repositories collect and store health data which can provide useful information for general practice. These include:

Repository	Information available
Medicare Benefits Scheme (MBS)	National data on the payment of subsidies for services provided by GPs and some other health professionals
Pharmaceutical Benefits Scheme (PBS)	Data collection on the supply of pharmaceutical medicines subsidised by the Australian Government
Practice Incentives program (PIP)	Supports general practice activities to encourage continuing improvements, quality care, enhance capacity, and improve access and health outcomes for patients
National Prescribe and Dispense Registry (NPDR)	Allows consumers to view information on their prescribed and dispensed medications uploaded to their My Health Record
Australian Childhood Immunisation Register (ACIR)	A record vaccinations for children up to 20 years of age
Health Professionals Online Services (HPOS)	A secure way for healthcare professionals and administrators to do business with the Australian Government Department of Human Services (DHS)
The National Bowel Cancer Screening Program	Payments are made to GPs and specialists who provide information about consultations and procedures that result from a positive program faecal occult blood test (FOBT) result

My Health Record	Allows patients to access a summary of important health information online, and share that information with other healthcare professionals involved in their care
Cervical Cancer Screening Program	Aims to reduce illness and death from cervical cancer, through a more organised approach to cervical screening.
BreastScreen Australia	Aims to reduce illness and death from breast cancer by actively recruiting and screening women aged 50-74 for early detection of the disease.

These different repositories could provide patient information directly to general practice rather than being standalone data sources. Data from some of these sources is currently available through a time consuming and often complicated registration and access verification and viewing process. General practice would benefit from this data being integrated and displayed in the local clinical information systems to provide a comprehensive patient picture. These useful sources of data require a single point of access in the local clinical information system. This could be achieved by the integration of digital dashboards which would collate and display information into local clinical software, a form of technology which is now widely utilised in the world of general consumer and web apps.

As an example, Australian Childhood Immunisation Register (ACIR) collects immunisation information from various sources including council and school immunisation programs. A GP clinical information system also collects data on immunisations.

For a GP to obtain ACIR data they must access either a separate Department of Human Services Medicare web based portal, the Health Professional's Online Services (HPOS) via a credentialed log in or the My Health Record (where the patient has opted in and allows display of Medicare data). The GP must then search for the patient data and then manually transcribe this data into their local system. If a GP provides a vaccination they must update both their local clinical information system and send a paper based notification to Medicare to update the ACIR data repository.

A more efficient process would be for ACIR to automatically and seamlessly download, upload and display immunisation data within the local clinical information system via a digital dashboard.

In addition, researchers often complain at costs and delays in obtaining health data from the Commonwealth, such as Medicare data, are inhibiting research in, by and about general practice and primary care.

5. Reform proposals that may improve overall health outcomes

In September 2015, the RACGP released its Vision for general practice and a sustainable healthcare system (the Vision). Led by a GP taskforce, over 1,000 GPs, stakeholders, and consumer groups participated in the development of our Vision. It is a model that will better support the delivery of efficient healthcare in Australia by strategically reorienting how general practice services are funded.

GP-led, well-resourced primary healthcare results in better health outcomes for patients, sustainable healthcare delivery and long-term savings. Our Vision proposes a major overhaul of the current funding system for general practice, setting out ways to better support the delivery of quality, sustainable and effective patient healthcare, designed to meet the needs of patients, GPs and governments.

Key components of the Vision include:

- voluntary patient enrolment so patients can enroll with a specific practice and a preferred GP
- health service coordination payments to bridge the gap between hospitals and primary healthcare, meaning better coordination and improved patient outcomes
- a comprehensiveness payment to support GPs to provide a wide-range of services, based on community needs
- a complexity loading to support GPs to deliver care to patients who need it most, and work in areas where health services are lacking.

5.1 The patient-centred medical home

The RACGP's Vision is underpinned by the patient-centred medical home model (the medical home). The medical home is an approach to providing quality patient care where each patient has a stable and ongoing relationship with a general practice that provides continuous, coordinated and comprehensive care throughout all life stages. A model of care developed in the United States of America, the medical home's five key attributes closely align with the role of general practice in the Australian healthcare system.

The five key attributes of the patient centred medical home include:

- comprehensive care that meets the majority of a patient's needs
- patient-centred care that prioritises the development of relationships between patients and providers
- coordinated care where care is planned and coordinated across healthcare settings to maximise positive outcomes
- accessible care, available to patients easily, when it is needed and in responsive settings
- safe, quality care, where GPs and general practice systems aim for continuous quality improvement.¹

The medical home facilitates a partnership between individual patients, their usual treating GP and extended healthcare team, allowing for better-targeted and effective coordination of clinical resources to meet patient needs.

Medical home models implemented in the USA have led to:

- increased access to appropriate care²
- decreased use of inappropriate services (particularly emergency departments)^{3,4}
- increased provision of preventive services (eg cancer screening)⁵

- improved care experiences for patients and staff^{3,6}
- cost savings to payers.⁷

6. Conclusion

The healthcare system in Australia, as in other developed countries, is facing many challenges including managing the burden of chronic diseases and caring for an aging population. The collection of health data at a general practice level has the potential to:

- support quality improvement initiatives in general practice
- facilitate increased local efficiencies in care delivery
- create more proactive preventative interventions
- identify at risk populations

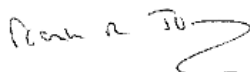
With the increased use of technology across the healthcare sector, there are increasing ways to collect data but not necessarily ways to make this data usable or widely available. The ability to access and analyse healthcare data has the potential to foster research and future public healthcare planning and to identify populations and individuals who are at risk.

The data held in the electronic clinical databases of Australian general practices is a valuable, unique and under-used national resource. GPs want to work with researchers and policy planners to enable this resource to be used to improve the health and health care of Australians.

GPs have traditionally managed their patient records in ways that have worked for them and their practice. There has not been a need or requirement for this information to be in a format suitable for transferring and sharing for a range of other purposes. General practices therefore need to be supported to curate and prepare their current clinical information system records to ensure their data is accurate, up to date and useful for these secondary purposes. Appropriate data governance is also an important consideration and the General Practice Data Governance Council produced some relevant guides in this area.

I trust our submission is informative and assists the Committee. Should further information be required, please feel free to contact me directly or Ms Sarah Maguire, Council Coordinator, on (03) 8699 0550 or via sarah.maguire@racgp.org.au

Yours sincerely



Dr Frank R Jones
President

Encl: The RACGP's Vision for general practice and a sustainable healthcare system

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