RACGP

Royal Australian College *of* General Practitioners

RACGP response – National Digital Health Strategy

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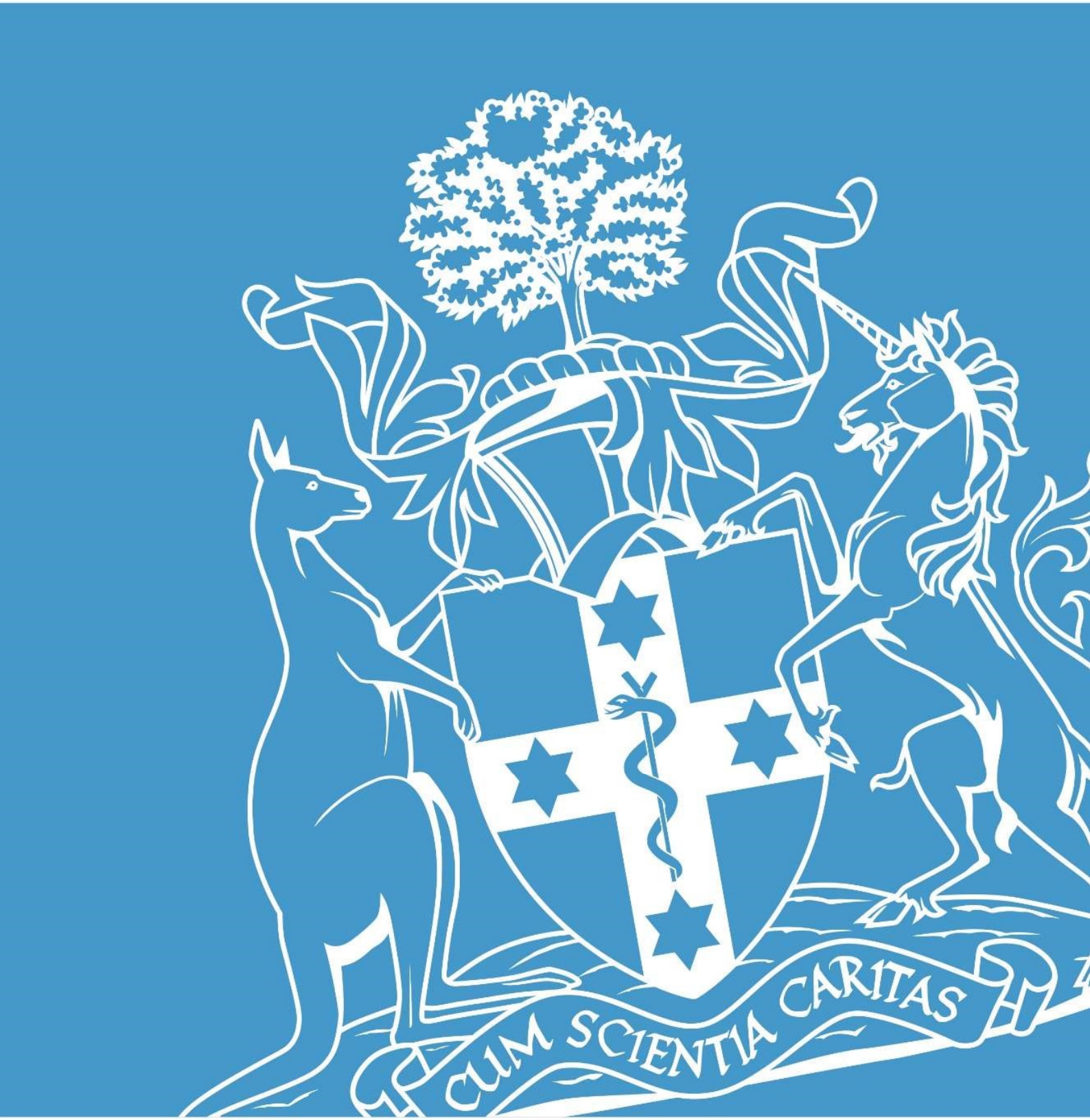

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1. Introduction

The Royal Australian College of General Practitioners (RACGP) is pleased to provide a response to the National Digital Health Strategy. Our response has been structured to align with the Healthcare Provider Organisations survey and provides information to further support the feedback given at consultation workshops held between the RACGP and the Australian Digital Health Agency on 17 August 2021 and 21 September 2021.

2. About the RACGP

The Royal Australian College of General Practitioners (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 45,000 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, information, and practice management, and addresses issues impacting the current and future operation of Australian general practice.

3. The RACGP response

The Royal Australian College of General Practitioners (RACGP) calls for improvements across current digital health systems including the implementation of seamless technologies that integrate with general practice, enabling GPs to oversee and coordinate their patients' medical care. The RACGP considers the following crucial to support GPs to deliver quality care and consequently improve the health and wellbeing of all Australians.

Our key recommendations include:

- recognition of the critical role of GPs in the health system and the need for extensive consultation in shaping future digital health design
- the adoption of standards to assist with interoperability of information transfer between parts of the health system
- the need for research into and, additional funding to support, the implementation of new technologies into general practice

- emphasising the importance of equity of access to digital health for vulnerable Australians
- use of secure messaging across the health sector to improve efficient and timely communication
- the need for smarter digital medicines reconciliation mechanisms to enable a single source of accurate and reliable information regarding a complete record of prescribed, dispensed and current medicines
- the establishment of an overarching body to support and oversee the development and maintenance of technical and clinical standards for electronic clinical decision support (eCDS)
- the need to develop principles to support the standardised structure, content and management of templates used for patient referrals and the transfer of clinical information
- digital innovations must provide clear benefits, be evidence based and integrate with existing proven models of care.

3.1 Areas of digital health being used effectively

General practice is a leader in the use of technology to deliver healthcare. Approximately 96% of general practices collect, record and store comprehensive patient data electronically. This has enabled general practice to continuously improve the quality and efficiency of care delivered to patients.

3.2 Barriers to the use of digital health

Since 2015, the RACGP has conducted the RACGP Technology Survey, gaining insights into the attitudes, beliefs and use of technology among GPs in Australia.

Annual survey results indicate GPs are optimistic about the use of digital health technologies and their ability to improve productivity and support care coordination.

Key barriers of using digital health in general practice identified in the survey include:

- lack of integration across different IT systems
- issues related to confidentiality and privacy of patient information
- lack of funding to support the implementation of new technologies, particularly with training of GPs and practice staff and assisting patients
- negative impacts on existing clinical workflows, particularly when initiatives are introduced without adequate user consultation
- lack of role modelling from others within the practice
- constraints (time and financial) preventing participation in education and training on the use of technologies
- lack of clear use cases on the benefits of some digital technologies
- limited availability of technology infrastructure in the practice
- lack of evidence to demonstrate improved patient outcomes.

3.3 What areas of digital health could improve the delivery of healthcare?

3.3.1 Secure electronic communications

The provision of contemporary healthcare sees patients interacting with multiple healthcare professionals and organisations across several locations. Efficient communication between all parties is critical to ensure the delivery of high quality, effective and safe healthcare.

General practice has been an early adopter of electronic clinical, administrative and communication systems. Secure messaging has enabled general practice to increase the quality, safety and efficiency of care provided.[1] General practices need be able to seamlessly receive, review and incorporate health information from other sources into their existing local health records efficiently. This must happen in a way that supports patient confidentiality, quality clinical handover and effective continuity of care. Delivery systems have been developed to support the safe and effective transfer of sensitive health information and mitigate the risks of communicating via mail, fax and email. For example, delayed communication between hospitals and general practice via ordinary mail was a key contributing factor resulting in a patient's death.[2]

More than 90% of general practices utilise secure messaging systems and most other specialists and healthcare organisations have secure messaging capability. However, these systems are widely underutilised, especially for outbound communications. This is largely due to a lack of incentive and awareness of the potential benefits of secure messaging systems.

While some jurisdictions have implemented secure message services to enable the sending of discharge summaries from hospitals to general practices, a significant proportion of health services and government agencies communicating with general practice do not use electronic communication systems which are compatible with those existing in general practice. Many health professionals and organisations continue to use mail and fax.

There are clear advantages for the use secure messaging across the health sector more broadly, and the RACGP has long advocated for interoperability between clinical information systems (CIS) and messaging systems to enable widespread adoption of secure message delivery.

Despite considerable efforts in recent years on behalf of the Australian Digital Health Agency, industry and peak bodies, interoperability has not yet been achieved. Consequently, the RACGP recommends establishing clear regulations to drive the necessary changes required for widespread adoption of interoperability across the health sector. Secure communications also need to be supported by high quality, searchable directories containing healthcare provider information which must be maintained and kept up to date.

Furthermore, the COVID-19 pandemic has presented many challenges regarding the systems and processes for sending and receiving clinical paperwork following telephone and video consultations. The evolving nature of communications during the pandemic has seen a significant shift to the way we communicate. It has demonstrated the flexibility of the health sector to rapidly adopt to using new technology when the purpose is clear.

3.3.2 Standards for general practice software

The past two decades have seen widespread adoption of clinical information systems (CIS) in general practice. The future of safe and efficient patient care largely depends on these systems.

General practice CIS improve accessibility and legibility of data. However, as the volume of information generated and held within CIS grows, it is becoming increasingly difficult for systems to respond to the needs of GPs and patients as part of normal clinical workflows.

CIS should facilitate good clinical practice, including the facilitation of continuity of care, support for point-of care decision making, monitoring of critical events, and reducing clinical incidents. However, designing CIS to support general practice is challenging as it requires a balanced design between its comprehensiveness and utility. If CIS are overly complex, with numerous structures and content requirements, users often take shortcuts. For example, avoiding documenting what they consider to be less relevant types of information.

Over time, general practice CIS have evolved in their complexity and functionality, with numerous products now available in the Australian market. Core options and functions have since been incorporated into CIS, with others based on specific client requirements. This has resulted in comprehensive software, however consequently, certain functions may now be burdensome or unnecessary, and in certain areas software may be out of sync with current healthcare delivery models and clinical workflow. Design and testing, along with consultation with GPs and other healthcare providers are critical to ensuring CISs support optimal safety and quality of healthcare.

The key role of standards is to create consistency and compatibility. Standards for GP CIS need to be established by a recognised body and guided by consensus.

Standards for healthcare software can:

- provide clear direction for software developers about components and usability of CISs
- assist providers to improve the quality of health services
- determine what type of care should be offered and identify gaps in current systems
- improve health and safety outcomes
- provide policy makers with access to evidence and expertise to support decision making
- assist healthcare organisations to benchmark against one another.

The RACGP has undertaken work in this area as per the published Minimum requirements for general practice clinical information systems to improve usability report. This report highlights key CIS functions and roles, providing recommendations for improving usability in the collection, management, use and sharing of information.

The RACGP is well positioned and willing to continue this work with the necessary government support.

3.3.3 Interoperability across healthcare systems

The issue of interoperability continues as a key barrier to the effective implementation of digital health. Different clinical software products and secure messaging services are often unable to exchange data. The RACGP notes that the Australian Digital Health Agency is currently undertaking a consultation process for the National Healthcare Interoperability Plan as part of the Digital Health Strategy. We will provide separate and more detailed comment on this topic as part of our submission to this process.

3.3.4 Patient digital literacy

Critical to the success of digital health is the ability of patients to engage with and use digital tools. Patients need to be supported to develop their skills and confidence to use health care technologies such as telehealth video consultations, electronic prescriptions and to access reliable and evidence-based health information.

There are significant barriers for some patients in accessing technology including:

- the affordability of devices
- internet connections and access to reliable connectivity
- data requirements

- a lack of translated information for people that speak English as a second language
- limited skills, knowledge and confidence to use and engage with various technologies.

The latest Australian Digital Inclusion Index shows that some Australians are still missing out on the benefits of technology and risk being left behind as services shift towards increased online delivery of care in response to the COVID-19 pandemic.[3] Equity of access for digital health care must be considered, with supportive measures such as patient education to ensure all Australians can receive high quality care. This includes digital services that are inclusive of culturally and linguistically diverse people (e.g. translations available in multiple languages), and are culturally safe for Aboriginal and Torres Strait Islander people (e.g. consultation with communities to understand their needs and ensure these are met).

3.3.5 Electronic access to medicines

Better and smarter digital medicines reconciliation mechanisms are required. Currently clinicians, healthcare facilities and consumers lack access to a single source of accurate and reliable information regarding a complete record of prescribed, dispensed and current medicines. This is critical in reducing prescribing, dispensing and consumption errors.

While electronic prescribing, the Active Script List (ASL) and the medicines information view in My Health Record do provide information on a patient's medicines, these do not provide an easily accessible single source of truth, resulting in a significant safety issue.

3.3.6 Clinical decision support

Electronic clinical decision support (eCDS) is well established in general practice, but it has potential to play an even greater role in supporting the delivery of high-quality, evidence-based care. Multiple forms of eCDS systems are available in various formats. These range from simple computerised references to sophisticated systems integrating knowledge and patient clinical data.

The most common uses of eCDS is to address clinical needs to assist with accurate diagnoses, screening for preventable diseases, prompting for appropriate interventions, and identifying potential adverse drug events.

eCDS content should:

- Be sourced from current, evidence based and speciality relevant guidelines
- Be integrated with clinical information systems (CISs)
- Be unobtrusive with information presented in a way that supports current clinical workflows.

The RACGP believes that as part of the Digital Health Strategy, an overarching body should be established to encourage the advancement of eCDS and oversee the development and maintenance of technical and clinical standards. This must include extensive consultation and guidance from GPs, including GPs suitably experienced in health informatics.

3.3.7 Centralised template management

Current health delivery models require a seamless transfer of information between care teams, disciplines and care sites. There is a need to develop principles to support the standardised structure, content and management of templates used for referrals and the transfer of clinical information. There are currently many templates in use across the healthcare sector and most have been developed without GP involvement or consideration for the large number of institutions GPs communicate with.

The use of standardised templates is not currently incorporated into GP clinical workflows and practices must navigate several sets of templates for referrals to various health services. This creates considerable workload and issues regarding template management for practices. These include:

- maintaining current versions when updated templates are provided from health services
- resubmitting patient referrals rejected due to using the incorrect template
- inconsistency in the minimum data sets and clinical information required across various templates.

As part of the Digital Health Strategy, an agreed methodology for template design and centralised access needs to be developed in consultation with GPs to create a minimum data set for referrals and to minimise the administrative burden of managing multiple templates in general practice.

3.4 Has the use of digital health led to improved patient outcomes?

The use and integration of technology in general practice has experienced a surge during the COVID-19 pandemic. The fast-tracked implementation of electronic prescribing and the widespread adoption of telehealth demonstrate that when well-resourced and with a clear purpose, digital technologies can be rapidly and effectively implemented across the health sector.

Digital technologies can have a significant impact on the way healthcare is organised, delivered and documented, however further evidence on the impact of new technology and their impact on improving health outcomes and healthcare workflows is required. Research in this area needs to be prioritised, particularly from a general practice perspective. This may encourage greater awareness of the potential benefits of digital health and promote increased adoption of new technologies across the health sector.

While digital health offers many opportunities for improved patient outcomes, we also need to remain cautious of its unintended negative outcomes. For example, patients discovering they have a serious disease by seeing results on My Health Record before they have had an opportunity to discuss with their GP.

3.5 Will digital technology transform and improve health outcomes for Australians in the future?

Technology has the potential to support GPs in providing comprehensive, whole person, and coordinated care. Technology must align with the real world of the patient and their healthcare providers and should be person centred and specific, rather than disease specific.

Digital health has the scope to 'meet patients where they are at'. The use of technology can support the delivery of high quality, accessible care for those who need it most and improve co-ordination and collaboration with patients and their carers to reduce fragmentation of care.

By improving efficiency of the system, there will be better accessibility and the potential for improved job satisfaction for healthcare workers if systems are designed correctly. It is essential end users (healthcare workers) are involved in the design of the solutions from the outset.

3.6 What would you like digital health to achieve in five years' time?

There are many opportunities for improved patient outcomes that can be achieved by effective utilisation and adoption of digital health into the future.

These include:

- supporting seamless coordination of care, ensuring patients receive high quality care in the most appropriate settings based on real time and easily accessible data
- targeted, proactive and preventive care that is personalised to the specific needs of patients
- remote care and real time monitoring
- equity of access to digital health for vulnerable Australians while supporting greater healthcare equity more broadly
- improved patient self-management, where appropriate
- supporting hybrid models of care, allowing patients to easily transition between in-person and virtual care
- Artificial Intelligence (AI) integration with GP software to assist in presenting information and suggesting possible actions (AI involved in Clinical Decision Support)
- improved funding arrangements to assist practices to implement digital innovations.

Additionally, digital health may support the teaching, mentoring and supervision of the next generation of GPs in digital health. The RACGP 2021 Health of the Nation Report indicates that not enough junior doctors are choosing a career in general practice and the general practice work force is aging. Improved use of technology to create personalised and targeted care, as well as increasing the financial viability of general practice could attract more final year medical students to general practice as a long-term career.

3.7 What changes need to be made to achieve these outcomes?

To achieve the optimal benefits and opportunities offered by digital health, the RACGP recognises that various changes will be required.

These include:

- greater use of secure message delivery by hospitals, other medical specialists, and allied health professionals
- greater interoperability between secure message delivery providers
- generating increased electronic referrals
- the ability to use patient collected data in real-time to support clinical decisions
- technologies that support culturally and linguistically diverse populations to access to their personal health information in an interpretable fashion
- greater adoption of standards to assist with interoperability of information transfer between parts of the health system
- development of an authority that guides development of Clinical Decision Support.

A coordinated whole of sector approach, seamless and secure digital systems, supported by evidence-based regulations and patient education will be critical to achieve the benefits of digital health more broadly.

3.8 How can progress in digital health and its integration across the patient care journey be monitored and measured over time?

With uptake and adoption of digital health systems, general practice has the capability to further harness the power of population health and deliver person centred care by leveraging off quality de-identified data. To ensure digital health meets the unique needs of patients, it is critical to assess its effectiveness as patients move across their journey of care.

Digital health must have:

- the ability to easily collect and use Patient-Reported Outcome Measures to assess how patients feel about their health status
- the ability to collect and use Patient-reported experience measures (PREMs) to measure patient perceptions of their experience when receiving care from general practices
- monitoring and reporting on GP and staff satisfaction with digital health implementations
- robust security and privacy measures in place to protect the personal health data of patients, along with providing transparency about collection and use of data.

Improved data quality will drive research across the healthcare sector and support quality improvement activities, leading to safer systems and improved quality of care. Comprehensive data sets may be available through systems such as My Health Records, however this is dependent on submission of complete and high-quality data. A key barrier to data entry by general practice is the lack of financial incentive offered for collecting valuable population health information, as this is often a timely process.

4 Conclusion

Integration and use of digital technology in general practice has experienced a surge during the COVID-19 pandemic. This clearly demonstrates that when there is a clear purpose and value, and the necessary supports are in place, digital technologies will be adopted and can support the delivery of better patient outcomes.

Many areas of healthcare would benefit from digital technology, but the literature clearly indicates technology is not a standalone solution. Digital innovations must provide benefit and, in most cases, integrate with existing proven models of care. Additionally, addressing significant barriers for patients accessing and using digital health such as digital literacy and affordability must be considered to ensure equity of health care in Australia for the future. Supporting general practitioners and patients to use and access digital health will require ongoing investment.

Digital technology will continue to play a critical role in supporting sustainable healthcare delivery and long-term economic savings in Australia. Evidence on the influence of new technology on improving health outcomes and healthcare workflows is required to better understand their impact on the way healthcare is organised, delivered and documented.

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

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