



John Knight

The healthcare reform agenda

A key role for GPs

Despite successive 'top down' reform initiatives, healthcare in Australia continues to be conducted as a series of silos with separate control and regulatory processes, and funding streams,¹ which reflects that isolated high level change is ineffective in addressing current and future challenges in healthcare delivery.² Questions are raised about which approaches might help deliver reform imperatives. As the first point of contact general practitioners are healthcare 'gatekeepers',³ and how they perceive change is fundamental to delivering comprehensive, coordinated and continuing healthcare strategy.

Coordinated care requires communication between providers that is facilitated by using technology and electronic records. Incentives have led to a higher degree of computerisation in general practices than has been implemented in other healthcare entities.⁴ Effective interaction requires generation of meaningful electronic health records. Although this may require re-engineering, the majority of data in any consolidated record would still originate from GPs. Although technology is widely used by GPs for diagnosis and healthcare delivery, they largely eschew electronic information storage, management and communication.⁵ Recent South Australian research found mixed attitudes toward generating and sharing electronic patient data⁶ – there was a belief in the efficacy of technology to improve patient outcomes yet a perceived negative impact on the capacity of GPs to holistically manage patient health and wellbeing.

This resistance is more about using electronic means to communicate patient health data beyond the practice than within the practice.⁶

Perhaps this is because of the potential need for GPs to manage technology, primary care networks and electronic privacy as well as the capacity to adopt project managing roles such as the procuring and implementing new software. The 2010–2011 Federal Government health budget recognises the potential of interoperability to improve patient outcomes by promoting an agreed electronic health record format, implementing protocol and funding, and alluding to the formation of 'Medicare locals' to underpin better integrated care.^{7,8} Local GP networks are likely forerunners of such entities and already provide many resources for their members, including IT support. They can reasonably be seen as the potential technical and financial facilitators as well as repositories of any electronic summary patient record generated in GP healthcare delivery. Therefore those GPs with greater trust in systems have an opportunity to implement secure consolidation of electronic patient health data generated by their practices.

More than 50% of Australian GPs work in practices of less than five GPs and 13% of GPs (37% of practices) operate as solo practices, and it remains possible to operate a GP practice without any computer at all.⁹ Resistance may therefore reflect a need for GP practices to change their 'professional bureaucracy' character to a more team oriented approach to healthcare. Consolidating summaries of patient data between isolated general practices could lead to an immediate improvement in healthcare delivery performance. Practice use of technology at a local level need not be seen to contravene the commitment to patient care and traditional clinical skills at the core of GPs' identity. Rather, these values can be seen to be extending beyond the practice boundary by sharing electronic health data to generate a consolidated patient summary record that reflects

only the professional judgment of GPs. Treating GPs could then access improved information that is required to inform clinical decisions without the need to interfere with their own practice records. Monitoring to substantiate that health and wellbeing outcomes were improved by such an approach could include levels of adverse therapeutic drug events and chronic care outcomes.

General practitioners are currently the best placed group of medical professionals to drive the design and implementation of a summary electronic medical record that links reliable and relevant medical information across healthcare settings, and is also aligned with clinical workflows and integrated with existing medical practice software. Access to such a summary record would be valuable for non-GP health professionals and could be the foundation for a meaningful primary care health record. General practitioner promotion of interaction between silos in the healthcare system at a local level also minimises the potential for future 'top down' and, perhaps, involuntary and undesirable change to the GP role. Further incentive for leading such performance improvement in healthcare delivery is an expectation of ongoing GP autonomy and freedom to operate with existing oversight. Entities in the future Australian healthcare delivery system that do not, or cannot, underpin performance improvement with evidence could be seen as underperforming and become a focus for closer scrutiny.

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