

Good things come to those who act

The Australian Healthcare sector to lean on borrowed wisdom in further establishing large-scale technological health infrastructure, as Gavin Wright Reports



Along with every dauntingly large infrastructural project comes the temptation to procrastinate. When it comes to establishing and consolidating a nation's e-health, it's

too easy to fear the unknown to a paralysing extent.

My message is this: the research is now done and the knowledge-base so broad, international and vast that developed countries like Australia should now move forward in strides, with an informed, *interoperable* e-health action plan.

The European Union has done substantive research into electronic health record impacts, the final study of which was released late last year.

After undertaking detailed case studies of 11 separate e-health record and e-prescribing systems in use in Europe, the USA and Israel, the EU found outcomes for health outcomes, perhaps unsurprisingly, to be both positive and exciting for both consumers and clinicians.

The EU study documented how socio-economic benefits of establishing quality systemic electronic health infrastructure eventually greatly exceed the costs of doing so. Benefits were of a crucial nature.

For instance, systemic e-health delivered improved patient safety, more timely patient care, and more effective use of clinical staff time.

Importantly, such benefits were seen to increase over the ensuing months and years. The more time allowed with systemic e-health in place, the more substantial the gains became.

The EU study found that in reality, healthcare organisations bear the brunt of initial costs but are also eventually the main beneficiaries from their investment.

To quote from the above impact study, electronic health records and e-prescribing "are not quick wins; they are sustainable wins. It takes at least four, and more typically, up to nine years before initiatives produce their first positive socio-economic return, and six to eleven years to realise a cumulative net benefit."

The EU report also cautioned, in its summing up of lessons learnt, that not only

must countries invest in technology, but in consistently aiding those people implementing and using the new systems.

Lessons from across the pond

To see how much can be achieved in e-health from relatively minimal investment, Trisha Greenhalgh, a UK based professor of Primary Health suggests looking no further than the New Zealand experience.

For several decades, New Zealand has operated an effective national health index, capturing patient hospital visits. It has also developed specific registries such as those for child immunisations and cancer patients.

New Zealand has successfully built cost-effective application sets which provide relatively easy access to particular patient data.

New Zealand's challenge now is to move the emphasis away from provider-centric information to patient-centric information. The latter, readily available in one place electronically, would hand the power to be fully informed and to participate in healthcare decisions to the person concerned; the consumer.

Granted, it's been arguably simpler for New Zealand to implement such systems, with its one level of health system governance, as opposed to Australia's reality of having to satisfy both commonwealth and state health compliance requirements.

Australia's initial challenge now must surely lie in introducing a greater level of consistency to its central, overarching policies for primary care, and aspects of its hospital-based care, leading to a synergistic consistency in implementing these.

New Zealand is now aiming, via a vigilant National Health IT Board, at further maximising and consolidating the electronic health positives which are already established, by spreading the benefits throughout the entire country.

The board has recognised that certain healthcare organisations are making excellent use of health IT solutions. Therefore an early goal is to allow beneficial outcomes of such solutions to affect all New Zealanders.

Also planned is a push for a greater level of district health board funding to be allocated to health IT projects. This will be supported by targeted national funding.

E-health vision

Next in line for New Zealand's ideal projected future in health is the "e-health vision," recently formulated by the national IT board. The board aims for each New Zealander to have access to an individual virtual health record, with electronic information accessible regardless of location, linked to existing systems run by healthcare organisations.


The vision includes the existence of 'regional clinical results repositories,' and the establishment of comprehensive 'shared care records' in which acute or long-term care patients, their families, carers and health professionals have access to a set of defined mutually agreed problems, goals, actions, timeframes and accountabilities.

The recently released national health board IT plan will require hospitals in each region to agree to operate a regionally standard software system (or 'common platform') for a patient administration system, a clinical workstation, and a regional clinical results repository.

For all of the above, the board has targeted implementation by mid-2012. After that, and up until December 2014, its goals move to focus on electronically accessible shared patient information and multidisciplinary integrated care plans.

Information available will include patient demographics, individual problems, medications, alerts, history and medical laboratory and radiology results. Decisions about future care will be supported online by ready facts about effective treatment options and appropriate clinical pathways.

It's obvious, that technology has been absolutely acknowledged as the key enabler of "better, faster and more convenient" healthcare.

IT's capacity to improve patient engagement in health, and therefore outcomes, no matter which developed country, is vast. * So my initial stance hasn't changednow is the time for setting up the infrastructure for optimal 'e-action' in healthcare. 

Gavin Wright, Founder and CEO of Australasian Health IT company Fraame Solutions and Chair of New Zealand's Health IT Cluster,