Summary of key issues raised at PCEHR roundtables

Key issues

- 2012 timeframe
- Sustainability and Incentives
- Consumer Literacy and Communications
- Governance and Privacy
- Equity of access

ICT Industry roundtable, Sydney 1 November 2010

- **Scope:** Vendors said that the PCEHR scope should initially be restricted to limited functions that deliver quality benefits e.g. a summary health record.
- **Progressive realisation of benefits:** Solutions need to highlight the progressive benefits of PCEHR building blocks e.g. Health Identifiers, Data Quality and secure messaging. These blocks need to be delivered through "chunking" into manageable, contract-able activities.
- **Sustainability and incentives**: A sustainable business model needs to be developed to support long term participation by vendors, clinicians and health organisations; questions about whether incentives would be provided to support rollout and ongoing maintenance.
- **Patient control**: Further clarity needed on what is meant by 'patient control'. Will it apply to point-to-point communication or only to an eHealth record held in a repository?
- **Scalability**: Lead implementation sites need to be scalable to support national implementation of PCEHR. We need to avoid the problems associated with HealthConnect.
- **2012 timeframe**: The July 2012 timeframe is unrealistic unless the focus is on targeted groups e.g. aged care and chronic disease.
- **Literacy & Communications**: A consumer and provider literacy program and a communication strategy are needed to support uptake.
- **Governance**: Questions raised about whether legislation will be developed for the PCEHR, and the governance role of DoHA, Medicare and NEHTA.

Allied Health, Dentists and Pharmacy roundtable, Melbourne 3 November 2010

- **State of Play**: The sector said there is a lack of clarity about levels of eHealth adoption in the allied health sector.
- **Incentives**: Incentives and/or cost offset mechanisms need to be considered to drive adoption e.g. a help desk facility and training and education support.
- **Literacy & Communications**: There is a need for a literacy program to improve consumer understanding of clinical information. A communications campaign should highlight consumer and provider benefits of PCEHR.
- **Information sharing**: Concern expressed that patient safety and quality of care will be impacted if the allied health sector is unnecessarily restricted from accessing information generated by other healthcare professionals. Concern about how and when patient consent could be obtained.
- **Equity**: Equity of access must be guaranteed to ensure people are not disadvantaged; major infrastructure limitations in rural and remote regions.
- **Interoperability**: Need for PCEHR to be interoperable with current systems.
- **Privacy**: Questions raised about how sensitive information will be managed.
- **Governance:** Need for proper governance structure to encourage uptake.
- **Business case**: Need for a strong business case to be developed to encourage uptake, particularly for professionals in private practice. Implementation needs to be tailored to different areas of allied health sector.

Consumers roundtable, Melbourne 10 November 2010

- **Sustainability**: Consumers expressed concern about the long term sustainability of the PCEHR model, and whether ongoing resources and financing will be provided to develop eHealth infrastructure.
- **Build dolphins, not whales**: Consumers believe that an incremental rollout and a leveraging of existing infrastructure is the best implementation approach.
- **Information sharing & Privacy**: Lack of clarity about access rights and sharing of PCEHR information. Will I own my PCEHR? Concern that model is 'patient-consented' rather than 'patient controlled'. Issues were also raised around security of national repositories.
- **Opt Out**: An Opt out structure should be considered as a universal PCEHR would provide greater information and value in planning health policy and funding.
- **2012 timeframe**: Lack of clarity about what is expected by 2012. PCEHR should first be rolled out to those who will benefit most e.g. aged care, chronic disease, Aboriginal health, rural and remote, and mental health.
- **Governance**: Need for greater representation of consumers in PCEHR governance model.
- **Implementation**: Need for consumer and provider literacy, a change management program and a communication plan.

Nurses roundtable, Sydney 11 November 2010

- **Incentives**: Nurses said there is a need for education and training and a help desk facility.
- **Information control**: Lack of clarity about who will own PCEHR information. Nurses should be able to write and read health records in the same way GPs can.
- **Privacy**: Need for strong privacy safeguards for sensitive health information e.g. pseudonyms.
- **Patient-centric**: PCEHR needs to support cultural shift from medico-centric health model to a patient-centric model.
- **Governance**: Proper governance is critical to building trust. At the same time it needs to be user friendly to ensure it does not add to workloads.
- **Literacy**: Consumer and provider literacy needed to promote system uptake.
- **Consultation**: Need for ongoing and serious engagement with nurses on the development of PCEHR. Further health professions need to be consulted on PCEHR.

Medical Practitioners roundtable, Sydney 20 November 2010

- **Interoperability**: Medical Practitioners said PCEHR systems need to be interoperable with current eHealth systems. As part of this, there needs to be a better understanding the capability of the health sector.
- **Timeframe**: Attendees considered 2012 to be an unrealistic timeframe for delivery. Need to set expectations about what can be delivered by 2012 and beyond to avoid setting the PCEHR up for failure and repeating the problems of HealthConnect.
- **Scope**: What will make up a PCEHR - summary health record, personal diary?
- **Equity**: Infrastructure requirements must be addressed to enable PCEHR access in rural and remote regions. Risk around alienating cohorts of population who are unable to use the technology due to language barriers, disabilities, lack of broadband access etc.
- **Literacy**: Consumer and provider literacy is essential to implementation, particularly if consumers are given access to a health diary.
- **Governance**: Need for governance framework to spell out the role of NEHTA, Government and healthcare entities.
- **Medical liability**: What impact will PCEHR have on medical liability?
- **Data quality**: PCEHR will not be workable without an improvement in data quality.
- **Workload**: Concern expressed that the PCEHR may add to clinician workloads.