

# E-Health

## The Consumer's View

Jan Whitaker

Health Issues Centre,  
Australian Privacy Foundation

© 2004 presentation

# E-Health Definition

- Health Care - direct services
- Health Information - about illness and wellness and services
- Health Management - self-managed or supported management, resource mgt.
- Health Data - representation about our physical state and treatments

# General Expectations

- Highest achievable quality
- Highest achievable accuracy
- Lowest achievable error
- Most affordable, least costly
- Negotiated control and choice
- Proper oversight of all of the above

# E-Health Overlay

- Telemedicine Services\*
  - + Access to specialists 'anywhere'
  - Demand for more specialists
  - Resource competition: technology rather than care
  - Oversold expectations

(\* + = positives, - = negatives of the concept)

# E-Health Overlay

- Health Information -
  - + Exposure to and awareness of options
  - + Better understanding of condition
  - Self-diagnosis, self-medication

# E-Health Overlay

- Health Record
  - + Master data collection, history
    - Potential for exposure of personal health record to anonymous people/organisations [paper v electronic data] (**LEAP**)
    - Intermingling of data [health and financial] - function creep (**AUSTRAC**)
    - Data entry error (**US identity error**)

# E-Health Overlay

- Health Status Management
  - + Status tracking with health professional
  - + Time efficiency in accessing advice
  - + Longitudinal view that follows the person
  - Withheld information [STD, terminations]
  - Assumption of complete info for advice

# Current Risk Management

- Agency or service delivery developed
- Input and process focus
- Benefit to the agency/delivery service
- Resource impact



# New Risk Management

## Consumer Centred Risk Management

- Consumer/carer developed
- Outcome focussed
- Benefit from consumer/carer view
- Resource impact on consumer/carer

# How?

- Consumer Impact Assessment on all E-Health projects
- At all stages of design, development, deployment and evaluation
- Transparency through Mandatory consumer education programs at all stages
- Publicly exposed activity audits upon implementation [access, security, pop. results]

# How?

- Legislation/regulation to separate personal and benefits data control systems [HIC/Centrelink]
- Realistic flexibility in service choices by the consumer [e vs non-e]
- Independent research and public reporting of the cost impacts of e-health projects and programs
- On-going consultation, feedback, adjustment

# Results

A High Quality

Affordable

Effective

Publicly Responsible

Health care system, electronically supported  
or not