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