Four-Cornered Roundtable II: PCEHR & eHealth - Understanding, Preparing for and Introducing the PCEHR system

Date: 7 September 2011
Time: 10am to 4pm
Location: Sydney
Attendees: 200 attendees representing 164 organisations

Background

This report presents a summary of the engagement and consultation conducted by the National E-Health Transition Authority (NEHTA) at the Four-Cornered Roundtable (II), held in Sydney on 7 September 2011. This report aims to feedback key points from the data analysis, to present common expectations and significant items raised; and to communicate how these will be addressed.

The Four-Cornered Roundtable was the second in a series of large scale collaborative events, aimed at bringing participants from the main stakeholder groups: consumers, healthcare providers, ICT industry and policy makers together to provide updates on the progression of work completed for the implementation of the Personally Controlled Electronic Health Record (PCEHR) and to foster an environment of collaboration.

The first Four-Cornered Roundtable in March 2011 originated from a need to consolidate stakeholder discussions by examining key areas of convergence and diversity on issues identified through consultation on the PCEHR system design. It was also an opportunity for attendees to hear and better appreciate the perspectives of other key stakeholders, and how these perspectives had contributed to the proposed design.

This format proved very successful, and with the release of the *Concept of Operations - Relating to the Introduction of a PCEHR System* (available to download at www.yourhealth.gov.au), a September Four-Cornered Roundtable provided a timely opportunity to discuss the document in more detail and reflect how stakeholder feedback contributed to broader aspects of the PCEHR program. The aim of the Roundtable was also to introduce the PCEHR implementation partners and to provide opportunity for contributions to the change and adoption and benefits strategy.

For the first time, NEHTA employed the use of interactive individual handset technology; to provide participants with an innovative way to feedback questions and comments, to gauge opinion in an open and honest way, and to test some important questions on the change and adoption and benefits strategy. Common issues were raised by all four corners, including;

- The need for more information and individual support;
- The need for a clearer view of how the system will address specific stakeholder needs;
- The need to reach out and collaborate with the entire health care community;
- For NEHTA to listen and value input from the stakeholders and be transparent when collectively addressing stakeholder concerns.

Contents

1) Overview of the day

1.1 *Objectives of the day*

- Detail the progress made since the March 2011 Four-Cornered Roundtable.
- Understand and learn from all participants in the healthcare arena and better appreciate perspectives.
- Provide participants with an opportunity to provide feedback on components such as 'benefits and evaluation' and 'change and adoption'.
- Understand how you and your organisations would like to be engaged moving forward; leveraging existing communication and engagement channels to work together.

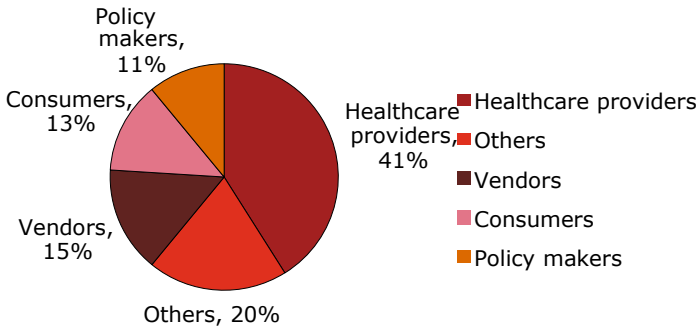
1.2 *Setting the scene*

Two hundred individuals attended the Four-Cornered Roundtable. Participants were made up of:

Which corner are you?

- Healthcare provider 41%
- Other 20%
- Vendor 15%
- Consumer 13%
- Policy Maker 11%

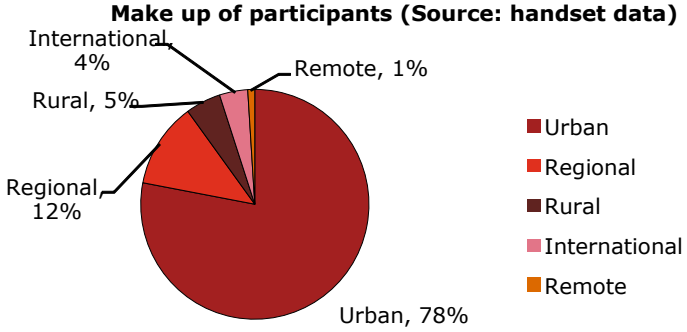
Make up of participants (Source: handset data)



Where are you located?

- Urban 78%
- Regional 12%
- Rural 5%
- International 4%
- Remote 1%

Make up of participants (Source: handset data)



Quick fact:
82% have read the Concept of Operations
Source: handset data

1.3 Key points from the day

The top five reasons individuals attended the session (n=158) (Source: handset data):

1 To gain more information; primarily around progress to date and the impact on the individuals' sectors. (110 responses)

2 To understand the sector's perspectives; most of these responses indicated for a need to hear from their sector / understand their needs (28 responses)

3 Voice readiness; the majority were looking for opportunities to help drive the progress of PCEHR (9 responses);

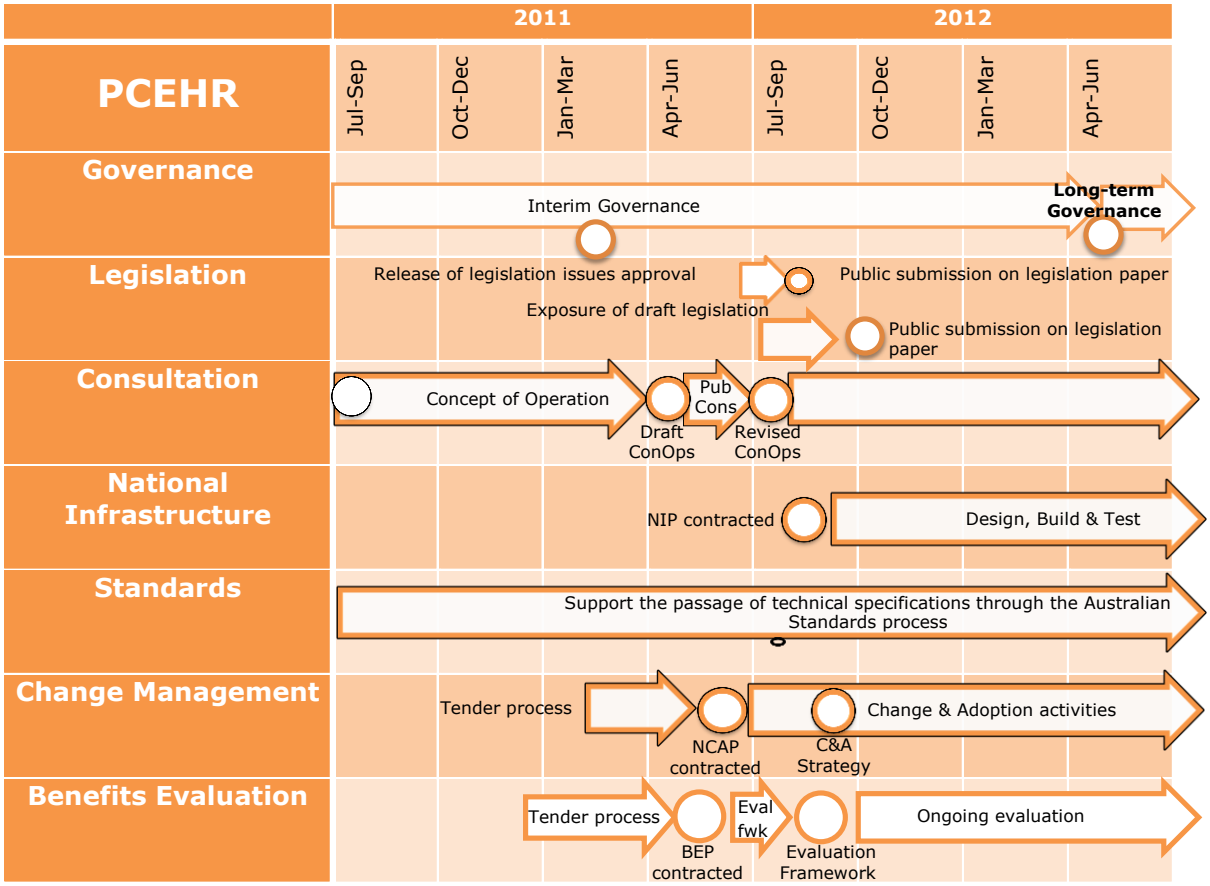
4 Networking (7 responses)

5 To discuss opt-out/in; (4 responses)

Quick fact:
Approximately 65% will register for the PCEHR if it launched tomorrow (Source: handset data)

2) The current eHealth and PCEHR climate

The PCEHR Timeline in Australia:



The June 2009 report of the National Health and Hospitals Reform Commission (NHHRC) provided the governments of Australia with a practical, national plan for health reform to benefit Australians both now and into the future. The report made several strong recommendations for eHealth, part of which was the introduction of a personally controlled electronic health record.

As part of the 2010-11 budget, the Hon Nicola Roxon MP, Minister for Health and Ageing, announced an investment of $466.7 million over two years for a personally controlled electronic health record for all Australians who choose to register. NEHTA was commissioned to work with the Department of Health and Ageing (DoHA) to deliver the PCEHR System by 1 July 2012.

Following on from this announcement, a considerable amount of work has been completed in preparation for the implementation of the PCEHR System. Extensive stakeholder input in to this activity has been invaluable and had a significant bearing on both the design and legislation for the PCEHR.

Key milestones include;

July 2010: Commencement of the Healthcare Identifiers (HI) Service
Aug 2010: Announcement of first-wave eHealth sites
Nov 2010: National eHealth Conference
March 2011: Four Cornered Roundtable I
March 2011: Announcement of second-wave eHealth sites
May 2011: PCEHR Concept of Operations public consultation process
May 2011: Legislation Issues Paper public consultation process
Sep 2011: Four Cornered Roundtable II
Sep 2011: Launch of eHealth Journey at Parliament House
Sep 2011: PCEHR Concept of Operations release
Sep 2011: Exposure Draft of the PCEHR Bill public consultation process
Nov 2011: Release of Specifications and Standard Plan for PCEHR
Nov 2011: PCEHR Bill introduction to Parliament

The PCEHR System is the next step in using eHealth to enhance the healthcare system. Its introduction is one of the most important systemic opportunities to improve the quality and safety of health care, reduce waste and inefficiency, and improve continuity and health outcomes for patients.

2.1 Legislation and Concept of Operations Update

The PCEHR Bill and Consequential Bill were introduced into Parliament on 23 November 2011. The consultation process on the design and legislative approach has been extensive and informed by input from each of the four corners; healthcare providers, vendors, consumers and policy makers.

Copies of the legislation and explanatory memoranda can be found on the parliament house website:

PCEHR Bill

http://parlinfo.aph.gov.au/parlInfo/search/display/display.w3p;adv=yes;orderBy=priority,title;page=0;query=Dataset_Phrase%3A%22billhome%22%20ParliamentNumber%3A%2243%22%20Portfolio_Phrase%3A%22health%20and%20ageing%22;rec=13;resCount=Default

Consequential Amendments Bill

http://parlinfo.aph.gov.au/parlInfo/search/display/display.w3p;adv=yes;orderBy=priority,title;page=0;query=Dataset_Phrase%3A%22billhome%22%20ParliamentNumber%3A%2243%22%20Portfolio_Phrase%3A%22health%20and%20ageing%22;rec=12;resCount=Default

A Senate Community Affairs Committee will be conducting a review of the Bill, and will be receiving submissions form the public until 12 January. It will report on findings on 29 February 2012. Further detail on this inquiry is on the parliament house website: http://www.aph.gov.au/senate/committee/clac_ctte/pers_cont_elect_health_rec_11/info.htm

The *Concept of Operations: Relating to the introduction of a PCEHR* has been refined following the release of the draft proposal in April 2011 and extensive consultation with patient groups, healthcare professionals, the software industry, and other governments. The updated document was released on 12 September 2011 (available to download at www.yourhealth.gov.au)

2.2 Introduction of partners and a summary of their work to date:

National Change and Adoption Partner:

The Department of Health and Ageing has contracted a National Change and Adoption Partner (NCAP), a consortium led by McKinsey and Company, to work with NEHTA to develop a strategy for change and adoption. To inform the development of the change and adoption strategy, the NCAP has reviewed stakeholder groups and geographies to assess readiness for the PCEHR, drivers of adoption and barriers to change. An updated change and adoption strategy has evolved taking into consideration internal and external stakeholder feedback. The strategy is currently being reviewed by NEHTA and the Department of Health and Ageing for final approval.

Benefits and Evaluation Partner:

A Benefits and Evaluation Partner (BEP) has been contracted by the Department of Health and Ageing to work with NEHTA to develop a plan to determine potential benefits to be gained from the PCEHR programme. The consortium led by PricewaterhouseCoopers is responsible for developing and implementing processes to monitor and evaluate adoption and use of the PCEHR System and success of the PCEHR

programme as a whole. The role of the BEP is crucial to provide credible evidence and insights into what is really happening against a context of what really matters to stakeholders.

National Infrastructure Partner:

A consortium led by Accenture has been selected as the National Infrastructure Partner (NIP) for the development of the PCEHR System. Accenture is responsible for designing and building the physical PCEHR System. The consortium is currently working alongside the PCEHR team to deliver a national IT infrastructure for the PCEHR.

Ernst and Young have been appointed by the Department of Health and Ageing as an external delivery assurance advisor to provide independent advice on the progress of the PCEHR program.

3)What does PCEHR mean to you?

Figure 1 'Wordle' from the day (Source: handset data)

Participants described their current thoughts on the PCEHR in one word. The responses ranged from sceptical to optimistic and reflected the range of differing opinions on the progress of the PCEHR.

Does your group / profession / organisation have eHealth on the agenda? (Source: handset data)

YES – 89%

NO – 11%

Is your group currently discussing the impacts of the PCEHR? (Source: handset data)

YES – 72% No – 28%

4)What is important to you?

The top 10 topics raised through handset system on the day are as listed below. The most prevalent topic is listed first:

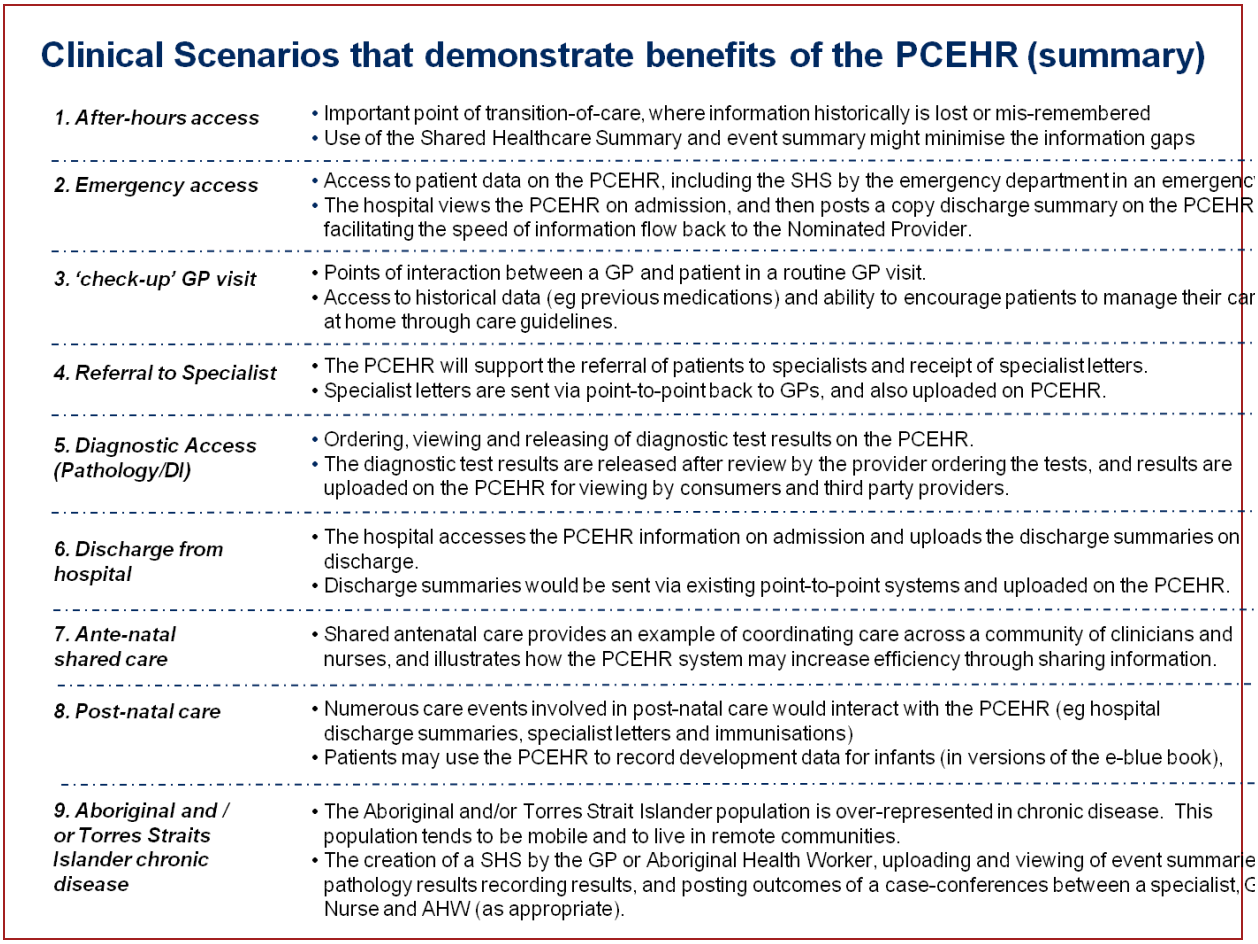
Table 1 Top 10 topics of the day (Source: handset data)

Discussion topic	No. of responses	Common themes within these discussions
Access and participation in the PCEHR System	54	• Accessibility to a PCEHR • Participation in the PCEHR program
Infrastructure	45	• Interoperability and compatibility of systems • Availability of infrastructures • Security associated with use of systems
Opt-in / out	28	• Debate surrounding the pros/cons for opt-in vs. opt-out
Good news / benefits / factors for success	23	• Acknowledge the journey ahead of us • Consider all the population including Aboriginal and Torres Straits Islanders, homeless etc. • Use a targeted approach
Legislation	20	• Considerations around the consent model and the proposed legislation framework
Consultation / engagement	17	• Some groups, especially those 'at the coal-face', feel that there are still not being engaged appropriately
Impact on healthcare providers , particularly GPs	17	• Concerns about the increased workload and readiness of their infrastructures • Need appropriate incentives to prepare for the change and adoption
Funding related comments	12	• Primarily around existing funding and incentives for change and adoption • Funding for sustainability of the PCEHR
Allied health related comments	11	• The need to involve the broader health community including allied health providers, nurses and midwives • Opportunities for this group to be more widely engaged / consulted
Nurse / midwives related comments	11	
Education related comments	11	• Queries as to how their sector will be upskilled through the change and adoption strategy

5) Where do you expect to get the most value out of the PCEHR?

To help inform the change and adoption strategy, participants were invited to identify a clinical scenario that would benefit most from a PCEHR. Participants were provided with a list of clinical scenarios to pick from.

Figure 2: List of clinical scenarios (Source: Four Corners Roundtable slide pack)



Clinical Scenarios that demonstrate benefits of the PCEHR (summary)

1. After-hours access	• Important point of transition-of-care, where information historically is lost or mis-remembered • Use of the Shared Healthcare Summary and event summary might minimise the information gaps
2. Emergency access	• Access to patient data on the PCEHR, including the SHS by the emergency department in an emergenc • The hospital views the PCEHR on admission, and then posts a copy discharge summary on the PCEHR facilitating the speed of information flow back to the Nominated Provider.
3. 'check-up' GP visit	• Points of interaction between a GP and patient in a routine GP visit. • Access to historical data (eg previous medications) and ability to encourage patients to manage their car at home through care guidelines.
4. Referral to Specialist	• The PCEHR will support the referral of patients to specialists and receipt of specialist letters. • Specialist letters are sent via point-to-point back to GPs, and also uploaded on PCEHR.
5. Diagnostic Access (Pathology/DI)	• Ordering, viewing and releasing of diagnostic test results on the PCEHR. • The diagnostic test results are released after review by the provider ordering the tests, and results are uploaded on the PCEHR for viewing by consumers and third party providers.
6. Discharge from hospital	• The hospital accesses the PCEHR information on admission and uploads the discharge summaries on discharge. • Discharge summaries would be sent via existing point-to-point systems and uploaded on the PCEHR.
7. Ante-natal shared care	• Shared antenatal care provides an example of coordinating care across a community of clinicians and nurses, and illustrates how the PCEHR system may increase efficiency through sharing information.
8. Post-natal care	• Numerous care events involved in post-natal care would interact with the PCEHR (eg hospital discharge summaries, specialist letters and immunisations) • Patients may use the PCEHR to record development data for infants (in versions of the e-blue book),
9. Aboriginal and / or Torres Straits Islander chronic disease	• The Aboriginal and/or Torres Strait Islander population is over-represented in chronic disease. This population tends to be mobile and to live in remote communities. • The creation of a SHS by the GP or Aboriginal Health Worker, uploading and viewing of event summarie pathology results recording results, and posting outcomes of a case-conferences between a specialist, G Nurse and AHW (as appropriate).

The group believes that the PCEHR would add most value to an emergency situation and also discharge from hospital. These priorities are reflected in the change and adoption strategy. Discharge summaries will require a significant focus on hospitals (both public and private), which forms an important part of the overall strategy. This focus may need to be initially on finding workarounds as public hospitals move towards implementing enterprise systems which are PCEHR compliant. Emergency access benefits significantly from view functions, so the strategy for this use is initially to ensure portal access is available for emergency providers so that critical information is relayed in these situations.

Hearts and minds, knowledge and skills and technology and infrastructure represent three critical areas for the uptake of the PCEHR system. Hearts and minds; promoting the benefits of the PCEHR system to consumers and providers to drive adoption will be addressed through targeted communications, as well as specific events and in-person support provided by NEHTA, the NCAP and DOHA.

Additionally, a portal of PCEHR related training modules and information will be deployed as part of a core set of training tools.

Ensuring relevant technology and infrastructure availability involves supporting software vendors to achieve PCEHR compliance in time, but also addressing the needs of providers in adopting the tools required to connect the PCEHR to their workflows.

5.1 Other examples of clinical scenarios which have the most value when using the PCEHR

In addition to the results above, the data sourced from the handset data results show that the use of PCEHR will also add value to the following scenarios:

Table 2 Other clinical scenarios that will gather value from a PCEHR (Source: handset data)

Clinical scenario	No. of responses (n=47)
Chronic Disease management	18
Multidisciplinary care	14
Flexibility through the care journey (eg mobile patient)	8
Medication Management	7

Each of the above clinical scenarios will be supported by the first release PCEHR, and adoption of their use will be driven by the NCAP strategy. Chronic disease management benefits arise from the continued use of the PCEHR as an ongoing store of a consumer's health information, updated over time to reflect changes in situation and treatment. To achieve this, the strategy focuses not just on registration, but on the integration of PCEHR elements into clinicians workflows. Multidisciplinary care requires adoption by a consumer's whole team of providers, requiring the strategy to address the different needs (for instance) of GPs, medical specialists and allied health providers, as well as hospitals and other care settings.

6) As a user of the healthcare system, what would encourage you to use the PCEHR?

How prepared do you believe your local health system to be to adopt the PCEHR? (Source: handset data)

Of 127[1] responses, 106 felt that their local health system is not yet ready to adopt the PCEHR. Most felt that improvements to existing local health infrastructures are required for the adoption of PCEHR.

Below are the themes identified from the question 'What would take to make it happen?'

The high number of responses for "Infrastructure" is consistent with the information collected as part of the stakeholder readiness assessment. As such, the change and adoption strategy reflects the need to improve the infrastructural readiness of many stakeholders; including supporting NEHTA to work with vendors to ensure ready access to PCEHR ready software for providers.

Articulating the value proposition to providers and consumers alike is a key element of the PCEHR change and adoption strategy, and will be addressed through the creation of targeted communications, informed by benefits experienced overseas in similar settings, and benefits measured locally in the lead eHealth sites.

Table 3 Change drivers (Source: handset data)

Change drivers	Key points	No. of responses (n=82)
Infrastructure	Need accessibility / affordability to infrastructures that enables the use of PCEHR	23
Value Proposition	Need clear articulation of value	17
Funding	Funding to prepare sector for the adoption of PCEHR	14
Education	Appropriate training and resources need to be provided.	12
Consumer Demand	Need buy-in from consumers.	9
System integration	Both the health and technological system needs to be integrated.	7

[1] It appears that more than one response may have been recorded per handset.

Some other key points that will encourage adoption of PCEHR that are worth highlighting (Source: handset data):

- Understanding how to access the system
- Privacy assurance and control over personal data
- Knowing that my General Practitioner or other health care providers are using PCEHR

Below are the top themes from the question "As a user of the healthcare system, what would encourage you to use PCEHR?"

Table 4 Personal motivation to use PCEHR (Source: handset data)

Personal motivation to use PCEHR	No of response (n=62)
Accessibility	19
Education	16
Understand Benefits	15
Others use PCEHR	12

Interestingly, of these responses, 21 individuals stated that they are ready to sign-up for PCEHR.

7) What can NEHTA do to support you to adopt the PCEHR?

What do you need from NEHTA to actively embrace the PCEHR? (Source: handset data)

Table 5 Requirement from NEHTA (Source: handset data)

Requirement from NEHTA	No. of responses (n=61)
Information	28
Assurance / understand the value proposition	13
Face-to-face consultation / support	10
Education (e.g. webinars and workshops)	8
Engagement with their professional organisation	2

Following the release of the final Change and Adoption strategy, the NCAP and NEHTA will begin the development of many initiatives, including an information drive. Channels for information delivery will include events, training and the creation of an internet portal, targeted separately at consumers and providers.

8) Engaging with your group, profession or organisation?

Responses to the question "How can we communicate more effectively with your group / profession / organisation?" (Source: handset data)

Table 6 Communication preferences (Source: handset data)

Communication preference	No. of responses (n=148)
Face-to-face	56
Social media	55
Email	37

NEHTA continues to evolve and improve the way we communicate and engage with our stakeholders. Improving our communication via social media and utilising the opportunities it presents for consultation and engagement is high on NEHTA's agenda.

While this question reflects face to face communication and engagement is the most preferred channel, a comprehensive communication and engagement approach is essential to ensure that stakeholder time and capacity is used efficiently. We employ a range of mediums including webinars, teleconference and video conferencing to facilitate effective communication and allow stakeholders to participate remotely and in person.

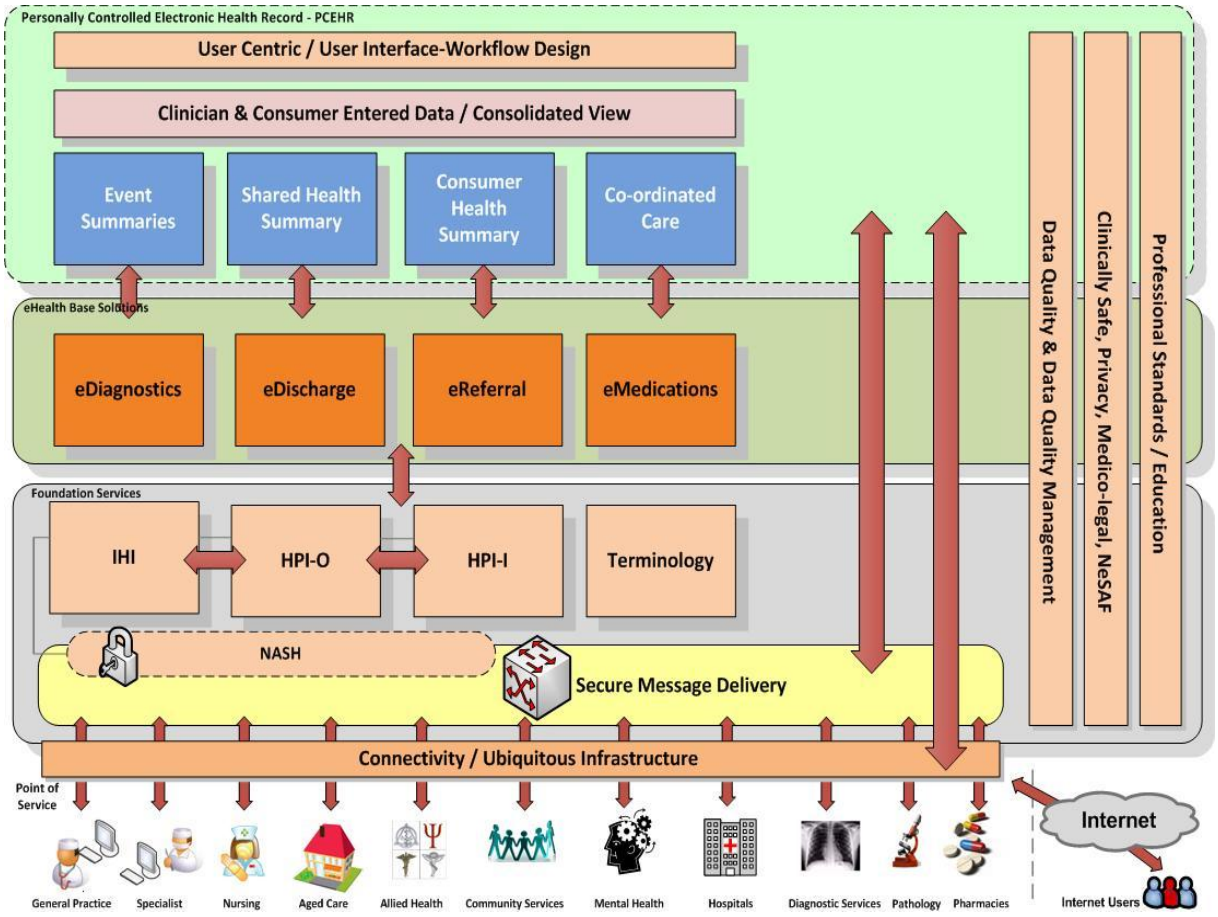
8.1 Communication Materials Update

General key messages have been developed for consumers and healthcare providers.

Further targeted material will be developed as part of the NCAP delivery plan in the coming months. Consumers will also be able to access materials on the Learning Centre website which is scheduled to launch in early 2011.

For organisations that are keen to get involved in either message development or to distribute materials, please contact Alison Franco, PCEHR Engagement Analyst at Alison.Franco@nehta.gov.au or by phone on 02 8298 3439.

9. Next Steps: How can you or your organisation prepare for eHealth and the PCEHR right now?



- Gain an understanding of the intent and scope of eHealth and the part the PCEHR plays;
- Familiarise yourself with developments in eHealth currently underway, such as electronic discharge summary and electronic health summary work happening in real-life settings in readiness for the national rollout;
- Check all patient records are up to date;
- Consider what eHealth and the PCEHR will mean for you, your practice (how work will be affected) or organisation and discuss with colleagues;
- Seek software that will be compatible with the PCEHR System;
- Be aware of Healthcare Identifiers and why they are of benefit;
- Think about the key messages and best ways to communicate with your colleagues and members on the PCEHR system and the benefits eHealth will bring;
- Consider how best to drive adoption in your organisation and community.

Thank You and Conclusion

NEHTA sincerely appreciates the time and effort required to attend the Four-Cornered Roundtable and other consultations of this nature.

The insight, knowledge and enthusiasm of all participants made the day a success. The feedback provided is being reviewed and analysed further to inform the change and adoption strategy.

We hope that you found the day rewarding and furthered your understanding of the PCEHR System and the work that NEHTA and the eHealth partners are currently undertaking across the country.

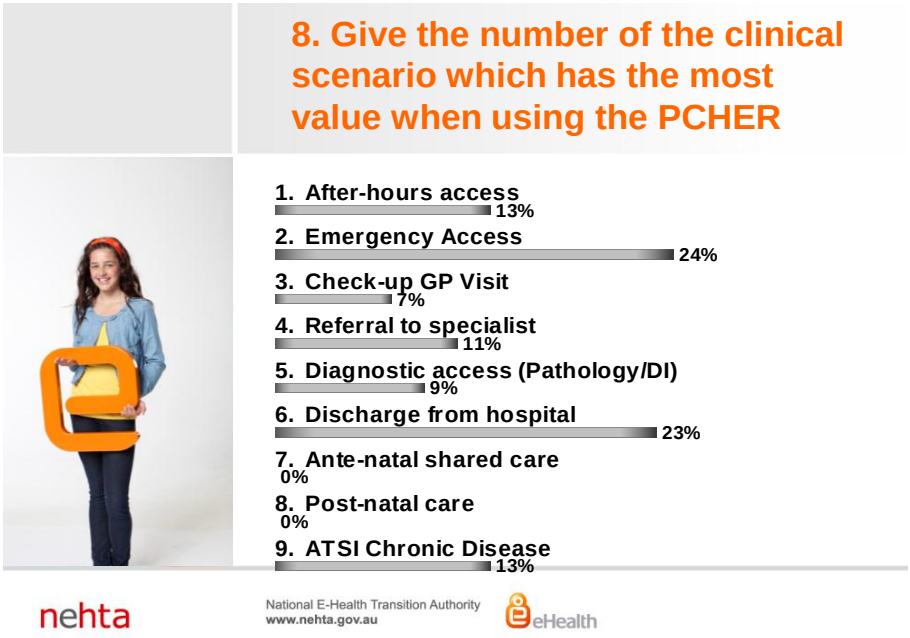
NEHTA has been engaging with a variety of stakeholders in discussions around the development and launch of the PCEHR System and are committed to working with all groups to ensure we provide a platform to learn from and also educate important stakeholders.

The level of discussion at the Four-Cornered Roundtable reflects the considerable engagement and consultation that has been completed so far to help drive the design and implementation of the PCEHR System. NEHTA has an ongoing commitment to producing an environment that is receptive to actively engaging, educating and involving stakeholders throughout the PCEHR Program and this is even more imperative as July 2012 approaches.

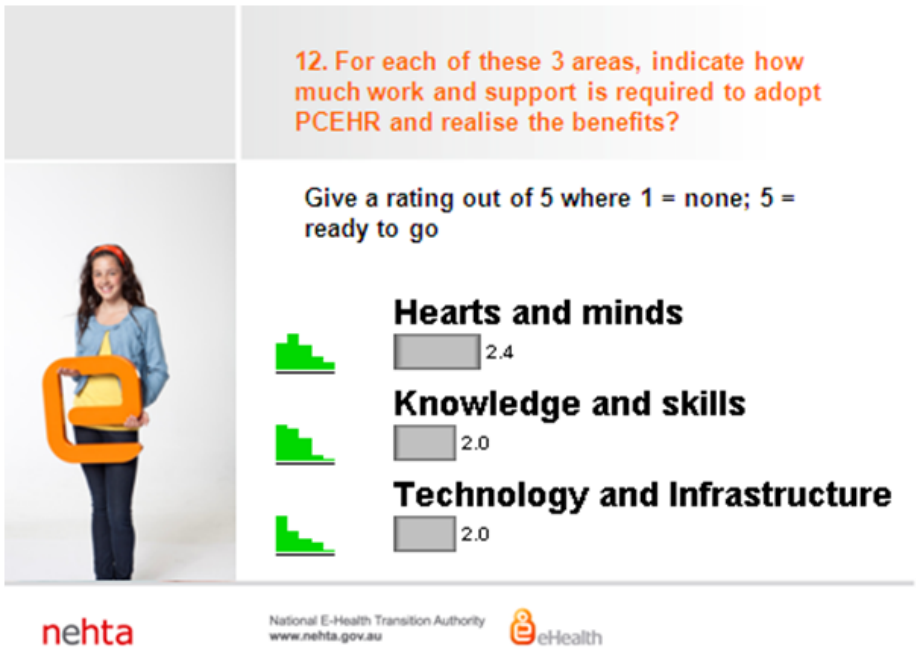
Appendix 1:

1A. Figure 3 Understanding of PCEHR (Source: handset data)

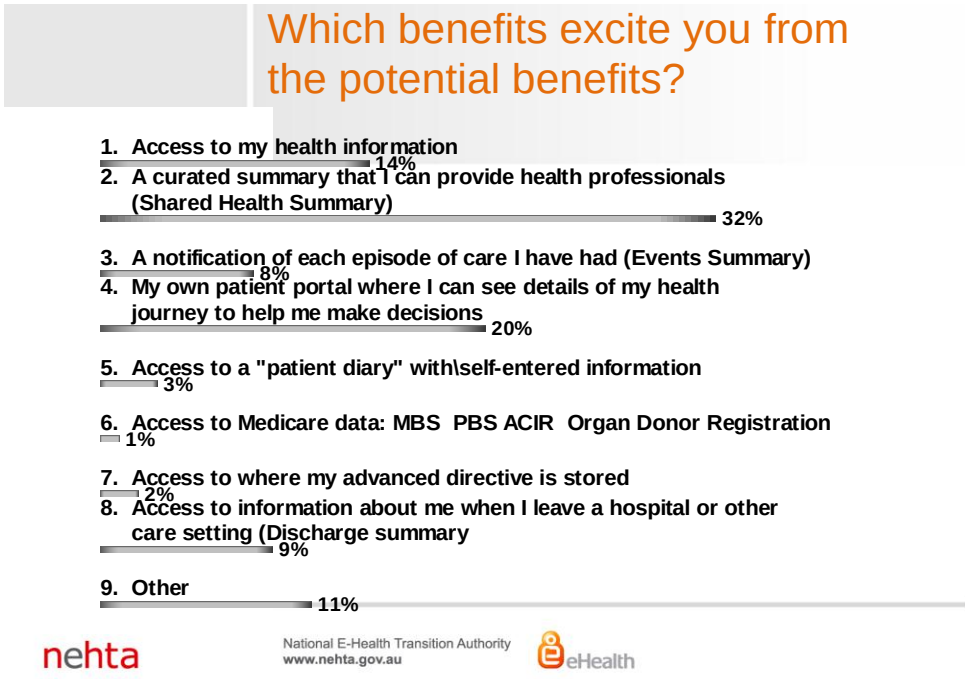
1B. Figure 4 Value in clinical scenarios (Source: handset data)



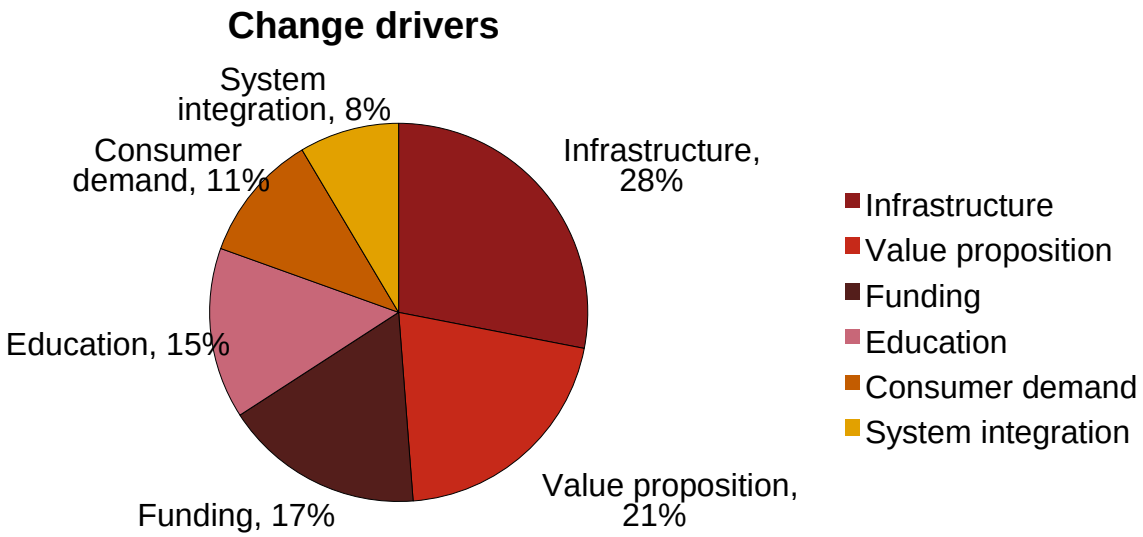
1C. Figure 5 Requirements for PCEHR Adoption (Source: handset data)



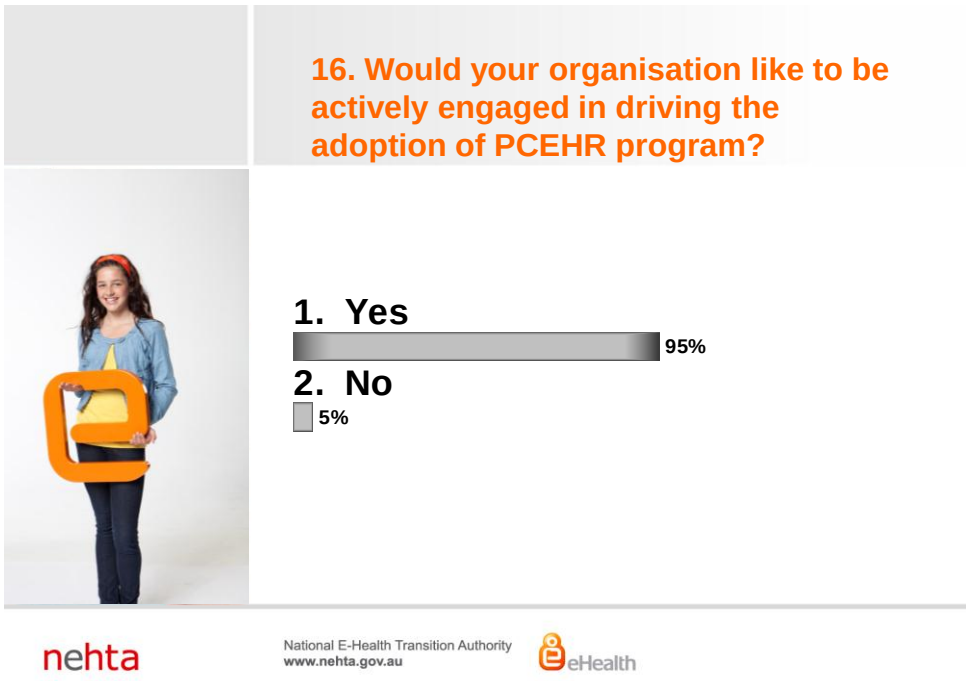
1D. Figure 6 Benefits that excite you (Source: handset data)



1E. Figure 7 Change drivers for the PCEHR System (Source: handset data)



1F. Figure 8 Engagement in driving the PCEHR program (Source: handset data)



1.G Figure 9 Ways for engagement (Source: handset data)