



# CATHOLIC HEALTH

Australia

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Legislative Policy Section,  
eHealth Division, Department of Health.

## Feedback on the “Electronic Health Records and Healthcare Identifiers: Legislation Discussion Paper” on behalf of Catholic Health Australia (CHA)

CHA strongly supports the concept of a personally controlled electronic health record (PCEHR) and welcomes the Commonwealth government’s commitment in the 2015 budget to implement “My Health Record” (which will replace the PCEHR). It is CHA’s view that successful implementation will strongly benefit consumers by enabling their key health information to be assembled in the one place and enabling them to better manage their health.

It will also benefit the wider health system – through providing health providers with timely access to consumers’ health histories - particularly those with multiple and complex co-morbidities – leading to the selection of more effective treatment options and a reduction in unnecessary and duplicated diagnostic procedures.

### *Governance*

CHA supports the establishment of the Australian Commission for Electronic Health (ACeH) to achieve broader eHealth end-user representation in ehealth governance. It is important that the governance arrangements have regard to a range of perspectives from the health care sector, including Catholic hospitals and Catholic aged care facilities. Catholic health and aged care providers represent around 10% of beds in Australian public and private hospitals and 15% of aged care services.

### *Participation and trials*

CHA also agrees that trials to test participation arrangements including the opt-out approach where individuals will be automatically registered for a PCEHR (unless they advise that they do not want to be included) are essential. As above we strongly urge the Department to include Catholic health and aged care service providers in these trials. In particular, St. Vincent’s and Mater Health Sydney and Brisbane Mater (Maternity) were selected as the lead on one of six National E-Health Transition Authority (NEHTA) Wave 2 trials sites which finished in December 2014. This means they have IT systems in place and appropriately skilled staff that are ready to commence trialling; they also have strong existing partnerships with their local Primary Health Networks (PHNs).





The trials will provide rich data and experience in order to inform future strategies to successfully implement the PCEHR. Whilst challenges and issues are going to be encountered when trying to bring together multiple diverse stakeholders we strongly support effective monitoring and evaluation of the trial sites and continuing consultation with all involved, providers and recipients of healthcare alike. Effective consumer education is integral to the eventual goal of all Australians holding a PCEHR.

It will also be important for all stakeholders, including government, to recognise that the trials, in themselves, will not result in the full realisation of the benefits of the implementation of a comprehensive e-health record system. The full benefits will only come with time and appropriate tweaking in light of the learned experience from implementation, including through trials.

The benchmark that trials should be measured against is whether they provide a material improvement for both consumers and providers compared with pre-existing arrangements.

### *Architecture of system*

Given the rapid increase in uptake of social media and smart phone applications we feel that electronic health records need to be flexible and compatible with new technology. Smart phone applications are becoming integral to how many consumers access data and information (Centrelink, online banking etc.) in many aspects of their lives. The PCEHR should be able to be adapted to smart phone technology although we acknowledge there are privacy and confidentiality constraints.

At the same time, the design of the system should also keep in mind the needs of users with little or no computer literacy or access.

### *Advanced Care Directives*

The Catholic Church encourages patients and residents in Catholic health and aged care services to reflect on their future health care needs and to appoint a person who will represent them if they are unable to express their wishes. If healthcare recipients have made advanced care plans then these should be included in electronic health records so that clinicians can consult them. However, advanced care plans are modified throughout a patient's health journey and again flexibility to update PCEHRs as and when necessary is essential. For example, annual prompts to consumers (or their legal representatives) with advanced care plans to remind them to review would be ideal.

### *Aged Care*

Catholic Health Australia supports the proposal to define the term 'healthcare' to include health-related aged care services. Catholic Health Australia notes, however, that an electronic central client record has been separately developed by the Australian Government for the aged care system that will contain current information about all aged care users from the time they first access Australian Government subsidised aged care services. It is essential that future development of both systems is coordinated and integrated in order to avoid unnecessary and costly duplication and complexity for both service providers and care recipients.







### *Resources for private hospitals*

Although some Catholic hospitals have received seed funding to implement PCEHR (as outlined above), compared to the resources allocated to public hospitals this has been insufficient for most private hospitals to utilise PCEHRs. As private hospitals represent a significant proportion of health care providers, successful implementation of an integrated electronic health record needs to be universal. Appropriate resources need to be allocated to all healthcare providers to ensure take-up.

CHA appreciates the opportunity to contribute to the on-going development of the ehealth record.

Please contact [annettep@cha.org.au](mailto:annettep@cha.org.au) should you require any clarification of matters raised in this submission.

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