Australia’s Personally Controlled Electronic Health Record and Primary Health Care: Generating a framework for implementation and evaluation.

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Key Messages

- Person centred holistic care is a good idea
- It is frustrating eHealth isn’t helping
- The PCEHR has already spent in excess of $700 million
- Design of PCEHR has already taken place
- But there is an opportunity for implementation and evaluation frameworks to be influenced.
Is the government’s missed health record target meaningful?

Less than 5,000 individual providers have signed up to access the health record portal despite government.

http://theconversation.com/is-the-governments-missed-health-record-target-meaningful-15558

$55k fines for not reporting PCEHR data breaches

Mandatory reporting rules will apply to PCEHR data breaches, with practices and other operators of data repositories facing fines of up to $55,000 if they fail to report unauthorised access to information in a patient’s e-health record. New guidelines released by the Office of the Australian Information Commissioner (OAIC) state that e-health data repository operators must report all potential data breaches, even if they do not seem serious.

Failure to report may incur a penalty of $11,000 for an individual and up to $55,000 for a body corporate. The “notifiable data breaches” apply to unauthorised collection, use or disclosure of health information in a consumer’s e-health record and events that may compromise the security or integrity of the personally controlled electronic health...

There is an old fable about six blind men who encountered an elephant.

"The elephant is a pillar", said the man who touched the leg, "it is like a rope", said the man who touched the tail, "it is like a thick branch of a tree", said the third man who touched the trunk, and so on.

Their interpretations are based on the particular part of the elephant they happen to touch.

Speculating on the whole from too few facts can lead to very large errors in judgment.

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Internationally

- Too large and ambitious
- Too much
- Too fast
- Relying on commercial companies

- Simple
- Basic Design
- Cooperation
- Collaboration
Method

• English language, articles, abstracts & presentations
• 1996 to 2012
• EMR; PHC; Implementation & Evaluation
• 90 relevant; 24 cited
• findings
Successful PCEHR implementation and evaluation

REALISES

• impact on all stakeholders
• new working practices versus existing work practices
• communication and risk management planning
• to expect the unexpected
Diagrammatic representation of the socio-technical network in the summary care record programme, showing multiple levels of influence and analysis.

**Macro level**
- National and regional policies and priorities
- Economic climate
- Technological developments
- Social movements
- Professional norms and standards

**Meso level (such as organisation)**
- Job descriptions, training, work routines
- IT systems and in-house knowledge
- Culture and support for innovation or risk taking

**Micro level (such as clinical encounter)**
- People’s identities, roles, knowledge, skills
- What technology can and can’t do in a particular situation and setting

Greenhalgh T et al. BMJ 2010;340:bmj.c3111

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1st steps to a framework

The challenge is for eHealth research to put aside single-factor thinking and regard humans and electronic health systems as complex systems to avoid the challenge of frictions encountered in implementation and evaluation

• Beliefs
• Values
• Practices
Implementation

‘... depends on acknowledging CHALLENGES which have

- ethical

and

- philosophical dimensions as well as

- operational and technical ones
Implementation

... and recognises INTERACTION

*between*

- multiple stakeholders

*from*

- different institutional worlds

*with*

- different values, priorities, and ways of working.
Implementation

... which stimulate

CHANGE

• an agents ability
to bridge the

• different institutional worlds

• of different stakeholders,
align their

• conflicting logics
Evaluation

Evaluation relies on the ability of change agents to bridge and implement the challenges & interactions

• Focus on a variety of concerns
• Use multiple methods
• Be modifiable in design
• Is longitudinal
• Provides formative and summative evaluation
Evaluation

THE PLAN

• Phase 1.
  *Identify Evaluation Issues, Questions and Concerns*

• Phase 2.
  *Document System Use*

• Phase 3.
  *Evaluate System in Context*

• Phase 4.
  *Present Results*
Evaluation

THE 4Cs:

• Communication
• Care
• Control
• Context
Key Messages

• Person centred holistic care is a good idea

• Design of PCEHR has already taken place

• Effective implementation and evaluation strategies can be undertaken to address primary health care concerns about the PCEHR.
References

- References