eHealth in Australia and elsewhere: A comparison and Lessons for the Near Future

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Overview

• Introduction
  – eHealth
  – Australian eHealth agenda

• eHealth success in Australia - Areas for consideration
  – eHealth policy
  – Expectations and stakeholder engagement
  – Adoption
  – Technology infrastructure and human resources
  – Economic and legal perspective

• Closure
eHealth

- eHealth is eagerly embraced around the world
- Planning and preparation is vital, but past experiences could hold a key to success
  - Challenges vastly underestimated in the past
- Several contributing factors,
  - Funding, Fragmented governance of health services, Reluctance to change and adoption by professionals, Lack of research evidence on benefits, Deficiency of appropriate policy models, Negative political influence

- Can learn from past experiences
eHealth in Australia

• Latest venture - Personally Controlled Electronic Health Record (PCEHR)
  – Released on 1st of July 2012.
  – Initial investment of about $467 million with further investment to follow

• eHealth intends to
  – Simplify the patient journey, Improve quality if care, Reduce costs

• Expectations - Return of investment
  – Approximately 11.5 billion in net direct benefits between 2010 and 2025 (Australian government + private sector + households + GPs + specialists + allied health clinics) – Deloitte
  – $7 billion savings arising from eHealth - NEHTA

• A year on, there is very little evidence of eHealth benefits
The PCEHR system face numerous challenges and issues

- Policy, Transparency of operations, Criticism from users – consumers and healthcare professionals and providers, Opt-in Vs Opt-out, Privacy, Usability

Most doctors reject e-health record system as 'white elephant'

A VAST majority of doctors continues to shun the government’s $467 million e-health record system, with about 56 per cent saying they would never participate in the scheme.

Some have warned that the opt-in, personally controlled e-health system, designed as an online summary of people's health information, risks becoming a white elephant.
eHealth in Australia cont...

- Australia is not alone in facing these challenges
  - Other countries have already faced similar challenges; some have overcome them whilst others have not
  - What lessons are there to be learnt?

- Countries
  - Canada
  - Denmark
  - New Zealand
  - Singapore
  - USA
  - UK
Lessons Learnt

- eHealth Policy
  - Australia has a fragmented governing model
    - E.g. Differences in privacy legislation and community services
      - E.g. Privacy was a large contributing failure factor in the US
  - A coherent national policy has shown success
    - E.g. Denmark, New Zealand, Singapore
  - Nationally consistent policies are slowly immersing
    - Long term pathways must be laid
    - Issues such as appropriate stakeholder management and regional cooperation need to be addressed
Lessons Learnt cont...

• Expectations and Stakeholder engagement
  – What do the consumers/providers/professionals want?
  • Cater for their needs
  – Success where clinicians were engaged in the development
  • E.g. Denmark, Canada and Singapore
  – Failure where there was a lack of engagement
  • E.g. UK
  – Consumer engagement, awareness programs (now done through Medicare Locals), training programs
Lessons Learnt cont…

• Adoption
  – System built to cater for the needs rather than adapt
    • E.g. UK’s HealthSpace was not designed to the expected needs of the majority of the population
  – The medical profession demand a critical mass of people registered for it to function properly
    • The opt-in model makes this a challenge
    • E.g. UK’s opt-out model had a low number of opt-out requests
  – Financial incentives, technical support, and functionalities that appeal to the users
    • E.g. Denmark, New Zealand, Canada and Singapore
Lessons Learnt cont...

- Technological Perspective
  - Proprietary software by vendors
    - Have to pass the Conformance, Compliance and Accreditation (CCA)
      - Compared to UK and USA, Australia has taken the right path
  - eHealth Skills and Knowledge of healthcare staff
    - E.g. In Denmark, primary care practitioners were given paid technical support to improve adoption
    - E.g. In Singapore, clinicians were given technology support
Lessons Learnt cont...

- **Economic perspective**
  - Justifiable return of investment
  - ROI measurement should reflect the expectations of the eHealth initiative
    - E.g. Canada’s ROI measurement based on patient safety and quality and effectiveness of healthcare delivery
  - Investment alone will not guarantee success
    - E.g. UK spent approx. £2 billion but did not meet the expectations
    - Methodical and planned
      - E.g. How effective are Medicare Locals?
Lessons Learnt cont...

• Legal perspective
  – Australia seems to be on track
    • E.g. Recent amendments to privacy law
  – The effects of the changes are yet to be seen
    • E.g. Mandatory notification – depends on data breach detection
Closure

- Lessons can be learnt from the experiences of other countries
- However, every country has its own unique challenges
  - E.g. Privacy in Singapore is different to Australia, Population – Denmark has only 5 million people, Political landscape
  - An eHealth initiative must consider the characteristics of its target community and its own unique expectations, healthcare system, economic status and legal framework
- Must invest in research
  - And use the results
- Limitations
  - Number of countries (other EU countries), High level view
THANK YOU