Report from Solange Altarac

The 14th Annual National Health Summit was held at the InterContinental Hotel in Sydney on 26-27 October. It was organised by Terrapinn, Australia, an international business-to-business media company, and chaired by Dr Jill Sewell, President, Royal Australasian College of Physicians and Dr Bruce Chater, President, Australian College of Rural and Remote Medicine.

The Summit provided senior healthcare professionals with a rare opportunity to address topical issues concerning health and welfare reform; the future direction of healthcare within Australia’s metropolitan, rural and remote areas; the impact of the Howard Government’s private health insurance scheme on the public and private sector and the influence information technology will impose upon the manner in which health information is collected, stored and distributed.

In her role as chair of the first day, Dr Jill Sewell discussed Australia’s reliance on overseas-trained doctors and the responsibility held by the Federal Government to improve the distribution of doctors into rural and remote areas. The issue concerning the assessment of specialist training was also raised, as the Royal College of Physicians aims to scrutinise the process of training and output of services delivered in order to develop a new educational strategy — one that is ‘fit for a purpose’, as there is a dire need for health professionals to work closer together and take a step back from the currently more fragmented system.

Mr Patrick Grier, CEO and Managing Director of Ramsay Healthcare, gave the keynote presentation, The prescription for strong healthcare industry on day one of the Summit. Mr Grier discussed the issues concerning the government’s 30 per cent rebate on private health insurance premiums, the consumer-driven reform of private health insurance and the ever increasing capital investment the private sector allocates towards health each year. It was vehemently negated that private health insurance was purely for the rich, with an average of 1.8 million Australians privately insured earning an income of less than $35 000 per annum. Attendees were reassured that as a result of the reform in the private sector, additional beds have become available for uninsured patients requiring hospitalisation in the public system.

Dr Bruce Chater, with his education and life experience set firmly on the subject matter of rural and remote medicine, chaired the second day’s proceedings. The topic of equity of access and use of information technology in rural and remote areas to create a more efficient and effective healthcare environment (whilst still remaining humane) was addressed.

Patrick McClure, CEO of Mission Australia, presented the keynote address on the second day, focussing on how his organisation managed to prosper during a time of upheaval and turmoil via strategic thinking, planning and partnership building with Government and business, recruitment and retention of skilled staff, development of performance culture, realisation of financial sustainability and the adaptation of ‘best practice’ in business processes.

Other interesting presentations included the case study delivered by Sue Ashlin, Trial Manager for the Tasmanian HealthConnect trial which began in October 2002 and concluded on November 30, 2004 and is now currently being evaluated. The trial attracted 890 volunteers with type 1 and 2 diabetes living in southern Tasmania and encouraged 170 private providers to become participants in the venture, including Diabetes Australia and the Royal Hobart Hospital. Dr Sue Page’s presentation, ‘Providing for rural, regional and remote Australia’, voiced concerns for healthcare professionals, who often work under very pressured circumstances because of lack of basic funding and general support, although it was noted that medical errors are likely to occur less frequently in regional and rural hospitals: poor communication between practitioners and patients is reduced, based on the fact that stronger relationships have been built within the same community over many years.

The Summit concluded with a panel discussion about information technology for improved healthcare services. It was the general consensus among attendees that the impending shift toward the use of the electronic health record was inevitable as the technology is available, yet bureaucratic red tape does not permit this. It was argued that at present, there are multiple models of care in the healthcare field, therefore it is difficult, although not impossible, to develop technology to support these many models. Could this be the reason for, be held accountable for the various IT in healthcare failures of the past?

The Internet was viewed by consumers as a valuable tool for researching health information, although it was deemed necessary to educate consumers as to where to find good quality health information because there is a high level of vulnerability involved with the Internet, especially when security and privacy are concerned.

The speed networking sessions developed by the organisers over the two days allowed for me to develop strong working partnerships with representatives from various organisations.

I would strongly recommend that all Health Information Managers, especially new graduates, become involved in networking with peers and volunteering to attend the various education and information seminars, conferences and summits available to Health Information Managers.

I would like to take this opportunity to thank Terrapinn, HIMAA and my employer, Northeast Health Wangaratta, for allowing me the opportunity to attend the 14th Annual National Health Summit 2004.

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Two reports on the 14th Annual National Health Summit 2004, Sydney, Australia, 26-27 October 2004

Solange Altarac and Mark Schindler
Report from Mark Schindler

The initial presentations at this conference were concerned primarily with healthcare policy. Patrick Grier of Ramsay Healthcare stated that the way forward is to drive cost efficiencies, particularly in the area of technology, while Professor Richardson of Monash University showed how the proportion of preventable adverse events has increased from 1995 to 2000. Brian Vale of the Medical Industry Association of Australia observed that the use of technology could possibly reduce the cost of healthcare; the difficulty is, however, that costs need to be monitored over time to determine whether this hypothesis is in fact the case. Much of the technology currently in use is new and its effectiveness as a cost-saving measure cannot yet be evaluated.

Professor Boyages of Sydney West Area Health Services observed that before improvements can be made in health information systems, there needs to be a change of culture to one in which practitioners who use information systems actually see themselves benefiting from them. In relation to this, Global Health gave a presentation of a product named Hothealth, which was described as a ‘consumer-centric’ electronic health record (EHR). Further information on this product can be obtained at <www.hothealth.com>.

Steve Goddard of Kronos Australia claimed that appropriate business processes must be included in the automation process. Sue Ashlin of Tasmanian Health-Connect presented a case study in which she noted that there is an audit trail which identifies those who have accessed a patient’s records, and as a result the HealthConnect staff can check that the information is viewed only by authorised staff. The Australian Government will provide $128 million over the next four years for implementation of HealthConnect as a major platform for reforming healthcare delivery.

The subject of ‘telehealth’ was also raised, and a case study presented by Gary Morgan of the e-Health Research Centre focussed on a project designed to monitor health from the patient’s home. Telehealth is used as a means of monitoring and assisting in the self-management of stroke patients as a means of overcoming homecare distance barriers and demands on intensive care services.

Finally, the importance of technology in modern medicine was highlighted by Heather Leslie of Global Health, who pointed out that 87% of prescriptions are now made electronically.

I greatly appreciated the opportunity provided to me by HIMAA to attend the 14th Annual National Health Summit 2004.

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