Technology in Healthcare Summit: Overview

Glenda Wyatt

I was fortunate to win a complimentary pass to the Technology in Healthcare Summit, courtesy of HIMAA. I found this conference to be most informative and well worth attending, with a range of speakers over the two days. The first day opened with a presentation by Klaus Veil, President of the Australasian College of Health Informatics, followed by a number of other interesting speakers, with topics including: The National Broadband Network and e-health; Implementing e-health at a GP level; Overview of the National e-Health Strategy; Electronic patient records in hospitals; How technology can enable healthcare; Electronic medical records and the Royal Flying Doctor Service; Privacy and health records in the electronic age; Development of e-Health Standards in Australia; Managing for long term value of technology in healthcare; and Using a Living Lab to mitigate risks in Health IT. A number of case studies were also presented.

There is a great deal of work going on in the health IT arena. Ninety-eight percent of general practices are now computerised, while the Divisions of General Practice have a network of information technicians to assist GPs with any difficulties they might encounter. However, it was predicted that it would take more than 10 years to deliver a national e-health environment, with the next 12 months being important in laying foundations. A unique identifier for each patient is required and the right information needs to start flowing into priority areas (e-referrals, summaries, prescriptions, care plans, allergies, and current medication). Priority should be given to decision support and telehealth as important tools.

Communication and team work were reported as being essential in implementing new technology. There is a need to provide information to the patient’s location at the time of consultation, so the technology employed needs to suit the way in which clinicians work. Tablet PCs and wireless technology are examples of the types of technologies suitable for this environment. For example, the Royal Flying Doctor Service (RFDS) initially had separate laptops and databases scattered throughout their service. During 2007, the RFDS developed centralised e-records, and this increased productivity by 15-20%. RFDS uses the Next G Network in most locations. They have been working with Telstra to develop a national Wide Area Network (WAN). An interesting video was shown at the conference demonstrating the changes over time from the use of radio to the use of video over the internet (telehealth).

The issue of privacy of e-records was raised and it was felt that information is more secure in the ‘e-world’ as fewer people had to handle the information. NSW shared their experience in implementing regional systems. The use of Cerner systems is being fully implemented and iSoft’s iPM is the patient administration system. They discussed the lessons learned and the challenges faced during this roll-out. Communication, training and engagement of key people, as well as change management and written policies were highlighted. During the roll-out they had to train more than 13,000 users!

Sheila Bird from Medicare discussed the Electronic Claim Lodgement and Information Processing Service Environment (ECLIPSE) system (an extension of Medicare Online for hospitals, day surgery units and private health funds) and the challenges and response to this system. Ms Bird also discussed Easyclaim, which uses EFTPOS to transmit claims. One of the main problems with Easyclaim is that it does not integrate with the Practice Management System in use in most general practices. However, the government is providing funding to interface these two systems.

Mr Walker from the Department of Human Services discussed the role of standards. He gave examples of standards in use (for example LOINC® [Logical Observation Identifiers Names and Codes])

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2. See http://www.cerner.com/public/default.asp?id=24430
for laboratory tests, DICOM® [Digital Imaging and Communications in Medicine], SNOMED, ICD-10). Mr Walker stated that standards should work together and compliment each other and that clinical ‘buy-in’ is essential.

The second day consisted of the presentation of case studies where people from different healthcare organisations informed the group about their projects. For example, Mick Campbell from Ramsay Health informed us of the need to standardise their IT systems across 67 facilities and how this was achieved, while Danny Davis from CIO Institute of Australia stated that IT should be run as a service and explained that cultural change is a large part of technological change.

There were many excellent speakers over the two days, and the Australian Centre for Health Innovation (CHI)8, which is located at the Alfred Hospital, also gave a paper. This centre opened in May 2007 and it provides health, government and industry with IT consultancy, simulation, education and research. This centre is open to all and provides a safe place in which to observe, experience, define and train in new systems. It is vendor neutral; that is, it does not work for one vendor in particular and therefore can be objective in its view.

The final words of wisdom from this Summit are from Frank Smolenaers: ‘Technology must support clinical workflow and suit the environment and add value’.

Thank you to HIMAA for allowing me to attend this worthwhile Summit.

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Technology in Healthcare Summit: Discussion

Jenni Webster

Along with Glenda Wyatt, I was fortunate in being given the opportunity to attend the Technology in Healthcare Summit, courtesy of HIMAA. My initial observation, made while waiting for the keynote address to commence, was of the strong presence of IT professionals but the relative absence of Health Information Manager (HIM) peers at the summit. I had been keen to attend this summit as I felt that there I might gain valuable exposure to the current trends and future directions for the healthcare industry. Interestingly, it was a comment made in his keynote speech on the first morning, by Dr Andrew Howard, Chief Information Officer, Department of Health Victoria, which resonated for me throughout the course of the summit. He emphasised that ‘the implementation of technology alone will not necessarily deliver the desired outcome’ and ‘successful implementation of one technology leads to a raft of changes’.

Many of the presentations addressed the use of technology in healthcare from two quite different worldviews. First, there was the technological ‘IT’ perspective, which introduced the different products and services available. Gary Druitt, Executive Officer of the South West Alliance of Rural Health, demonstrated how he delivers ICT services throughout the Southwest Alliance; while Mick Campbell, Chief Information Officer of Ramsay Healthcare, described the ICT strategy adopted to standardise services and products across the 67 facilities in his organisation. The second perspective was that of the healthcare provider and user. We heard about the Centre for Health Innovation from Frank Smolenaers, and Bruce Winzar reported on the Virtual Trauma and Critical Care Unit Project piloted by the Loddon Mallee Rural Health Alliance. The importance of these two different perspectives and how they gel to become an homogenous implementation of technology was brought home to me during
one of the breaks. A conversation over coffee with a CIO from one of the metropolitan hospitals highlighted the fact that we cannot underestimate the need for healthcare workers and managers to work together with ICT professionals to successfully implement technology. The completeness of the design of a project is essential and IT professionals need an understanding of workflow implications of the systems they design and implement. Change is an unavoidable reality, so we need to adapt to this change and to adopt technology with confidence.

As the summit progressed, the two themes of ‘change’ and ‘communication’ permeated many of the presentations. Adam Powick, a partner in the consulting firm Deloitte and who was the lead author of the National E-Health Strategy (2008)⁹, emphasised the inevitability of change. Speakers who reported on projects such as the implementation of e-records by the Royal Flying Doctor Service and the South Eastern Sydney Illawarra Area Health Service emphasised the importance of change management and the need to use all available methods of communication to ‘spread the word’. Neither of these issues are a surprise to us. Anyone who has participated in any type of project recognises the roles that change management and communication play in the success (or otherwise) of the project.

As I reflect on my initial observation regarding the professional mix of delegates, I am forced to draw the conclusion that this may have been an opportunity lost for many HIMs. I gained a great deal from attending this summit, from both intellectual and professional perspectives. I would like to extend my sincere gratitude to HIMAA for providing me with the opportunity to attend this summit.

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