Julie Brophy: Health information management as a pathway to different and challenging roles

Julie Brophy

It is hard to write about oneself and not sound self-opinionated or derogative, so I will just stick to the facts. I attended a Catholic girl’s school in the Victorian country town of Warrnambool, where I received a great education. However, the expectations at that time were that I would become either a nurse or a teacher. I did not want to be either, so during my HSC year I headed off to Melbourne to an information day at what was then Lincoln Institute (now La Trobe University), initially with an interest in studying physiotherapy. Something stirred my interest in the medical records field at that information session, while assurances that there was plenty of well-paid work at the end of the course were encouraging. I had never heard of medical records before, and doubt that I really understood exactly what I was applying for, or even if it was the most appropriate career path for me, but it seemed a good option at the time and I needed to choose something. I moved to Melbourne and started life as a student at Lincoln. I was lucky enough in my final year of study to apply for and receive a bursary from Warrnambool Base Hospital. This funding, although minimal, helped cover my living expenses in Melbourne while I studied. I was also required to work in Warrnambool for two years on successful completion of the course.

Computer systems were just being implemented on a hospital-wide basis when I first started working in 1981 as the Chief Medical Records Administrator (MRA) in Warrnambool. During this time I was part of a small working party that selected the first Patient Administration System (PAS) and pathology system for the hospital. I continued in this position for three years before applying for 12 months’ leave without pay to travel overseas. Returning to Warrnambool was not that exciting after travelling the world so I moved to Melbourne and took up a position as Deputy MRA at the then Queen Victoria Medical Centre (now incorporated into the Monash Medical Centre). I worked with a fantastic team of Health Information Managers (HIMs) and was exposed to a variety of challenges, including strikes (both nurses and clerical staff), dealing with unions, implementing new computer systems (the original Homer!) and coding changes. At this time I returned to part-time study upgrading my original Associate Diploma to a degree in Medical Sciences – Health Information Management at Lincoln Institute, which conveniently was just a short tram ride up the road from the hospital. At the completion of my upgrade the course moved to La Trobe University. It seemed bizarre to graduate from a university I had never set foot in!

The most significant task we faced at ‘Queen Vic’ was the relocation to the new Southern Health - Monash Medical Centre (MMC) Clayton campus – I never want to pack medical records into boxes with smelly removalists again! It was an exciting experience to be part of establishing a new hospital. The building was so modern and spacious at the time, it never seemed like we would ever fill it all! Recently, I had the opportunity to visit MMC and while many features of the design have stood the test of time, all the capacity planned for future growth has been used and beyond. It made me realise how much our health services are growing and what a challenge it is to plan and design health services for future needs. Designing systems and processes for a new hospital were also major challenges, especially as we had merged three very different hospitals to become a general and specialist health service in a growth corridor of Melbourne. I recall that the staff and processes we had planned for supporting the Emergency Department (ED) had to be completely re-thought shortly after opening as the ED became much busier than expected. The magnetic effect of new services in a growth area became a reality with implications for all areas of the hospital. I also recall that where we previously had well-established links and processes with areas of the hospital we worked with, we now had to re-establish new ways to work, often with new staff, while first having to find where these new areas were in the labyrinth of the new hospital. It was disappointing, though, that in designing a wonderful new hospital, medical records were located in a windowless cramped space. This was, however, in the pre-casemix funding era; while management at MMC were supportive, medical records departments were not very high up the food chain in health services at that time.

Once the hospital had become established I had the opportunity to broaden my career and was successful in gaining a position as Deputy MRA at the Peter MacCallum Cancer Centre in the city. This was a lovely change to be out of the windowless environment and in a spacious department with views over the city. It was also refreshing that we were on the same floor as medical administration, and were valued and supported by the Medical Director and clinicians. For those unfamiliar with ‘Peter Mac’, it is a specialist cancer centre providing medical, surgical and radiotherapy services for cancer patients, as well as having a large research base. Not
long after commencing this position I again found myself in a health service that was to relocate. Fortunately, radiotherapy bunkers are heavier than medical records, so we did not get the basement in the new location. During this time at Peter Mac I also took the opportunity to commence postgraduate study in Information Technology at Royal Melbourne Institute of Technology (RMIT). The course exposed me to new concepts and people from a wide background. I found it challenging and stimulating and developed an enjoyment of studying and learning that I had not experienced as a younger undergraduate student at Lincoln. Working in a smaller health service also offered the opportunity to network across all areas of the health service, including the executive staff. Peter Mac was exempted from moving to casemix funding for the first year of implementation in Victoria, but this grace period would not be extended further and its implications for a specialist health service were considerable. I was proactive in analysing and highlighting the implications for Peter Mac and very flattered when the CEO asked me to establish a new Casemix Unit. It was a big learning curve for me, including understanding the budget considerations of a health service, implementing a patient costing system, preparing submissions to the Health Department for funding support, and educating the medical staff who seemed to think I had personally invented this unjust system that was being imposed on them!

During the next few years I started a family and each of the three times I left work on maternity leave I was pleased that Peter Mac accommodated my absence and provided new challenging roles on my return. I also continued to study and completed a postgraduate degree in health statistics at Swinburne University. My role changed from costing and implementing casemix funding to a broader role of providing hospital-wide decision support services. To support this we implemented a data warehouse and business intelligence tools that allowed us, with limited staff resources, to provide accessible reports and information across the whole spectrum of activity in the hospital; that is, financial, admitted and non-admitted activity, cost data, clinical indicators and other specialist data that were available for interrogation and dissemination. This work was challenging; I had to learn new skills in business intelligence and data warehousing, project management, and networking and communication skills to facilitate the work we wanted to achieve.

My children were now growing up, the oldest in late secondary school and the youngest in early primary school. I was ready for a change. I accepted a 12-month position in Queensland to facilitate the implementation of casemix funding in the Northern Area (i.e. Mackay, Townsville and Cairns). It was somewhat of an adventure for me and my two youngest sons to move to Cairns and establish ourselves in the community, school and work. It was a great education for me to see the different challenges of providing health services in remote areas often to an Indigenous population and how the QLD health system differed from Victoria. My role involved working with the major district health services in the northern region (i.e. Mackay, Townsville and Cairns) and Head Office in Brisbane to facilitate the move to casemix funding. This required me to work with executive, finance, costing and health information management staff across the region. One of the outcomes I assisted in establishing was bringing together the HIMs across the region to meet regularly to discuss and resolve issues they were all facing. During this time I met and worked with some wonderful people and loved the lifestyle of living in a tropical environment. However my 12-month contract was expiring and the Northern Area Health Service was being wound up and services merged with the district health services.

I was approached to apply for a position with the Department of Health in Melbourne as the Manager of the Funding Models Unit. My background in casemix was definitely an advantage in moving into this challenging role, but there were also new skills to learn regarding how government departments function and the broader role of funding models in facilitating government policy. Internal restructuring within the Department has changed my role yet again. I am now the Principal Advisor on Costing Policy and Analysis, a role which recognises the importance of cost data and aims to facilitate the quality and use of the data. I have also recently been asked to manage the Health Information Workforce Strategic Framework strategy, which aims to address the current and future shortfalls in HIM, Clinical Coders and costing resources.

Little did I realise the significance of my decision when I attended that information session at Lincoln many years ago, and where the health information management course would lead me. Throughout my career, my background in health information management has enabled me to provide valuable input that has facilitated me in expanding my roles and functions and gaining new positions. For me, a HIM background has proven to be a pathway to different and challenging roles and I hope there are still opportunities ahead.

Julie Brophy BAppSci(HIM), GradDip(IT)Hons, GradDip(HlthStats)
Principal Advisor, Patient Costing & Analysis
Department of Health (Victoria)
50 Lonsdale Street
Melbourne VIC 3000
Tel: +61 3 9096 5917
email: Julie.Brophy@health.vic.gov.au