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The future of the GP PMS (a personal view)

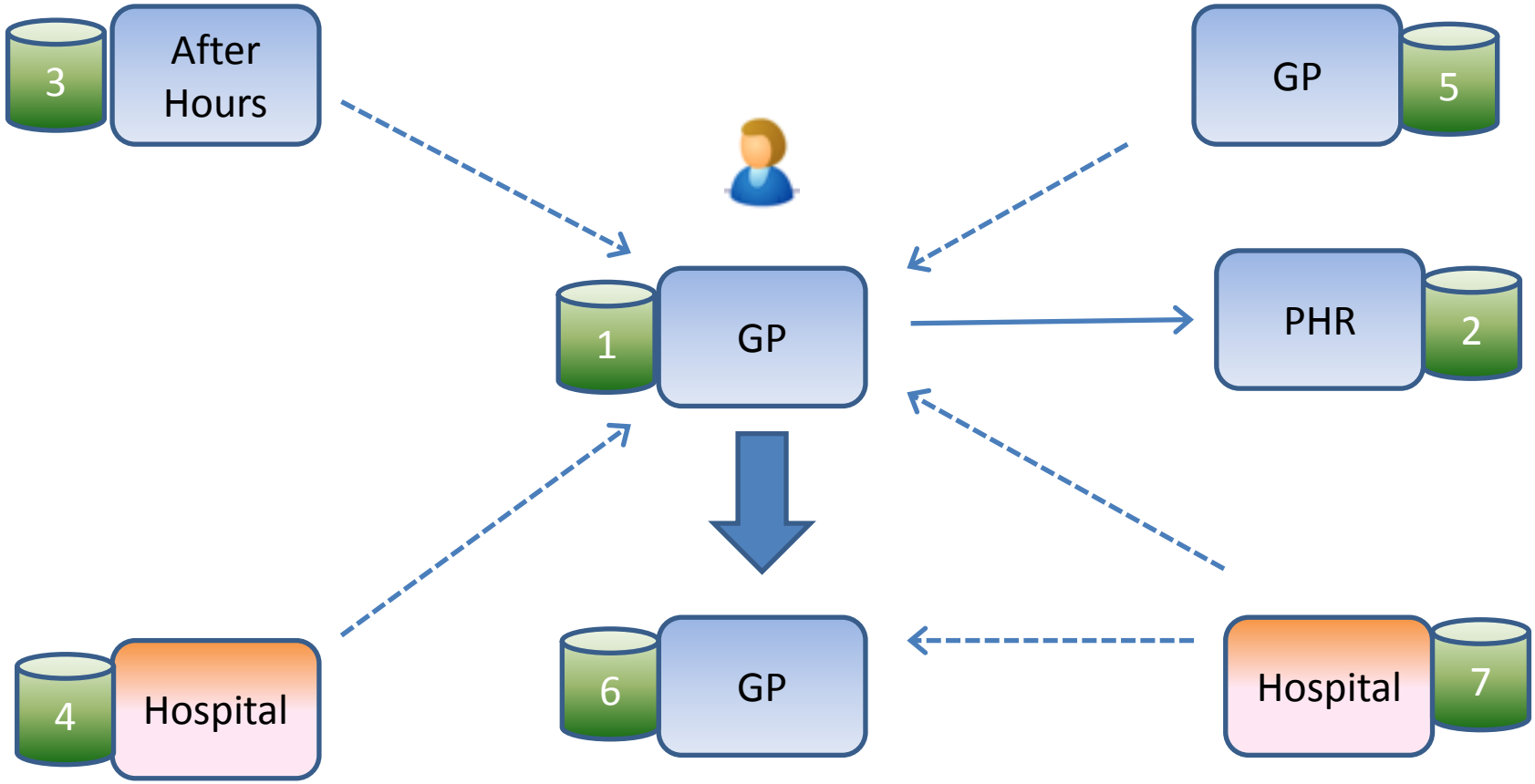
Presentation to GP CME

Dr David Hay

About Me

- 1981 Graduated Auckland Medical School
- 1984-87 GP in Palmerston North
- 1987-01 Developed GP PMS – GPDat
- 2001-03 Solutions architect at EDS
- Currently:
  - Enterprise Architect at healthAlliance
  - Chair HL7 New Zealand
  - Co-author national Interoperability Reference Architecture (draft)

What's it look like now?



It's all very complicated!
(and just a bit messy)

What's the problem?

- Information is all over the place
  - Kept at place of collection, plus copied
- Each system is an Island
  - Relies on messaging to share information
- Interoperability is hard!
  - Quality: Data not consistently represented or coded
    - (Auckland labtests example)
- No single 'source of truth'
  - What medications has a patient been taking
- Patient can't access all information
- Each system user responsible for system management
  - Backup, update, audit, disaster recovery (DR)

Fundamentally, the systems are not designed to share

Built and designed when sharing was the exception

What should it look like then (from GP perspective)?

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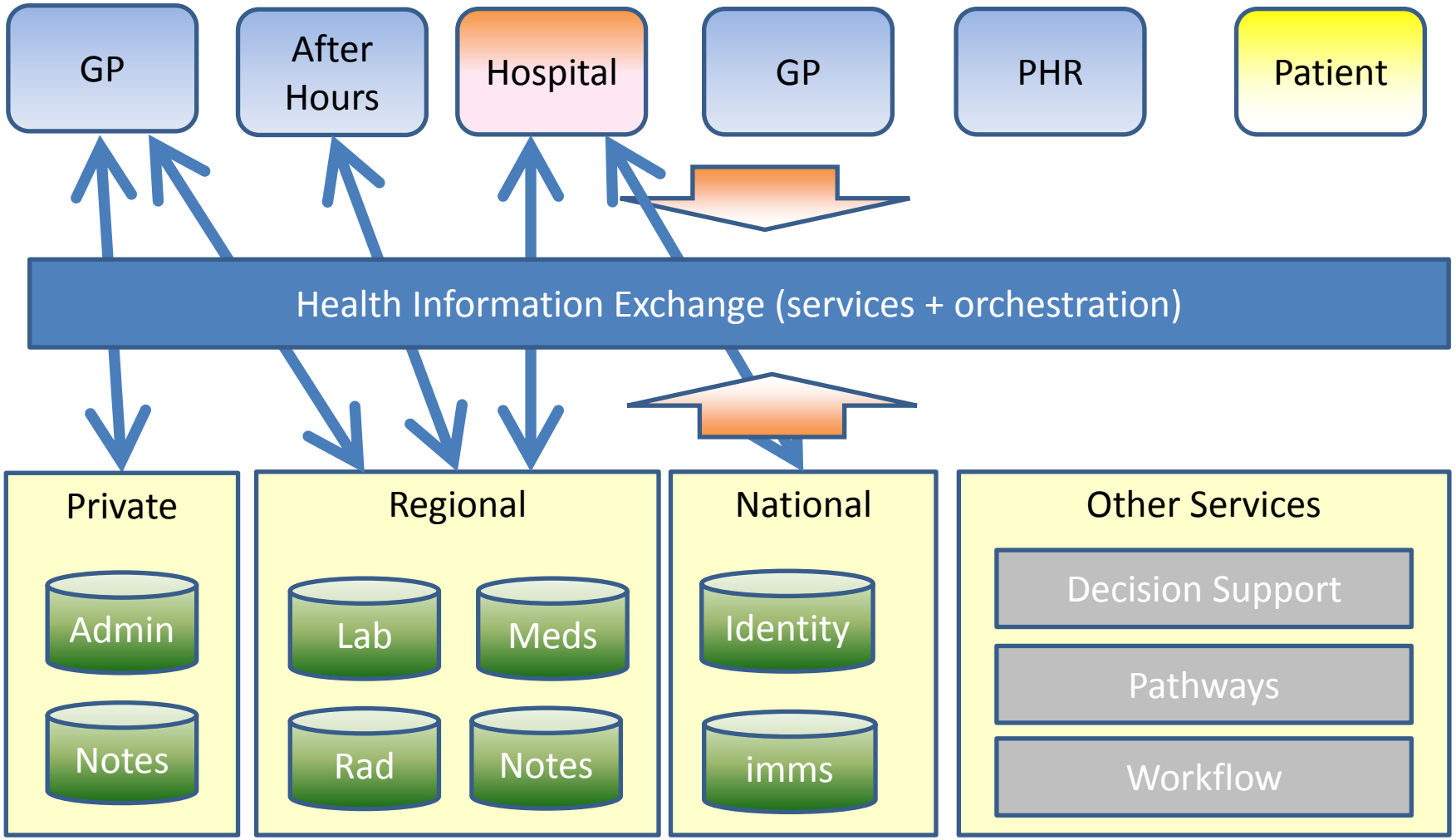
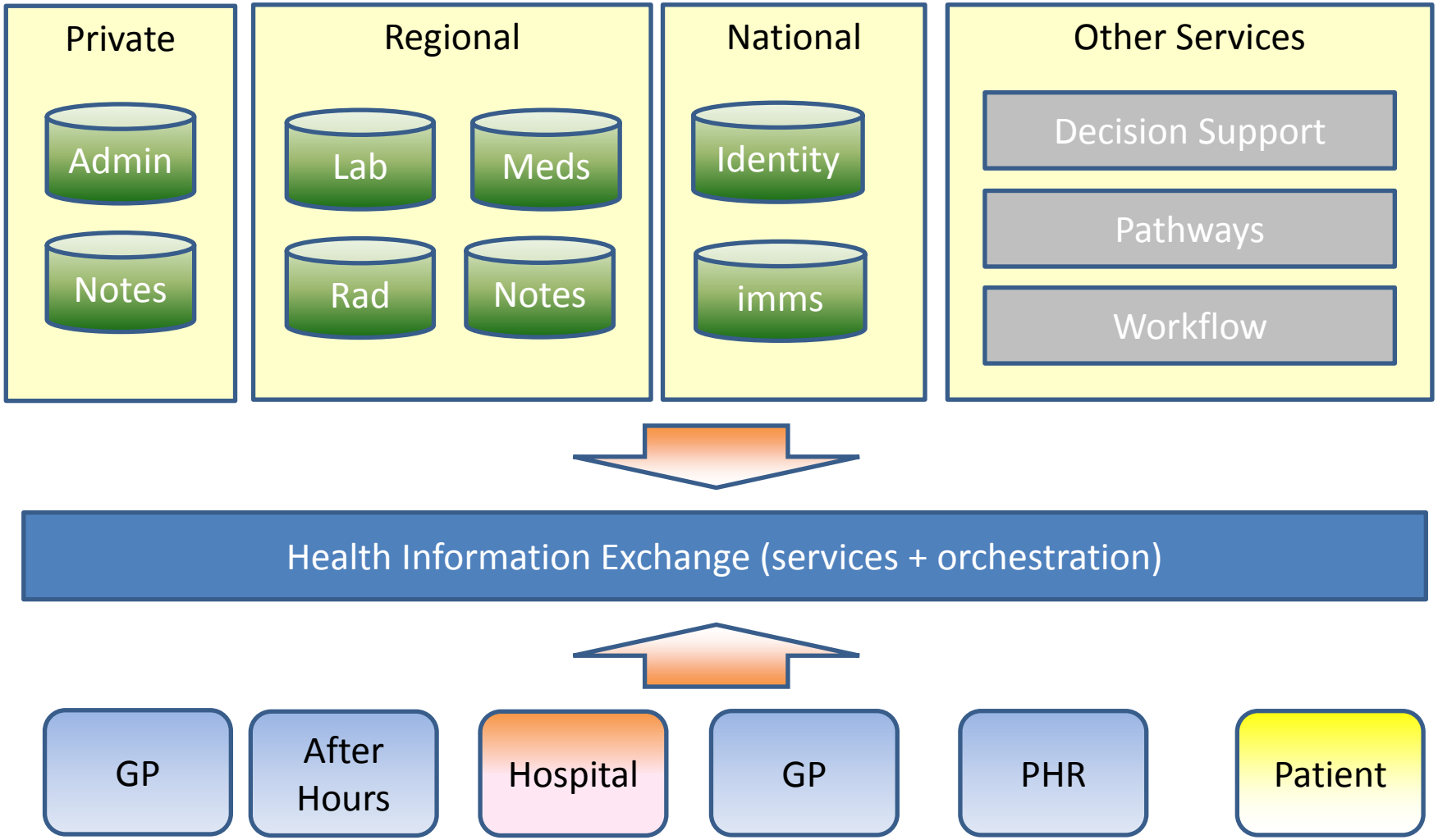


All the shared information is in the same place!

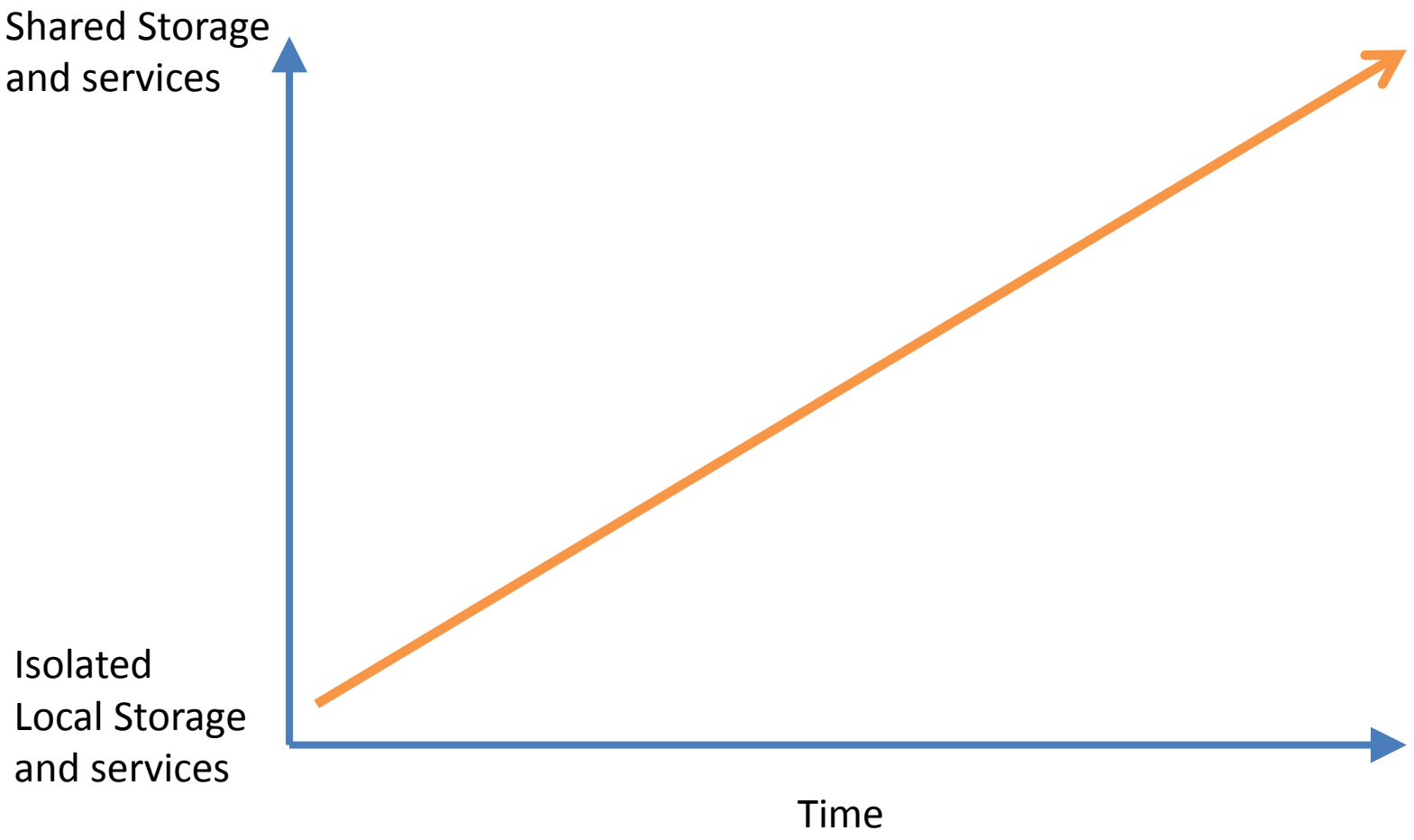
From the Central perspective ?



What's the Difference?

- Core information sits in shared repositories behind standardized services
  - medications, allergies, Laboratory, Radiology,
  - Reduced duplication, enhanced sharing
- All systems (including GP PMS) access as required
  - only data locally is cache
- Systems management is performed by the hosting service
  - Not the GP!
  - Reduced risk
- Allow sophisticated Privacy, Audit & Security

Where is the data…



What's the advantage

- Improved Clinical Safety
  - Patient information is available from anywhere (including mobile), to any authorised person
  - Reduce duplication
- Enable different business models
  - Software as a Service (SAAS)
  - Fully mobile solution
- Allow vendors to innovate on UI and extras rather than core functionality
- Patient participation enabled
- Cost savings – individual and sector
  - Consolidation of systems and services
    - Possible new services e.g. centralized schedules & billing
  - Reduce duplication of tests
  - The GP practice does less
- Process and Risk of IT management moved to specialized companies - not GP

Plus Business and Care continuity…

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Christchurch, 2011

That's my business you're talking about!

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- No, it's only the clinical information supporting your business and supporting services (like test ordering, referrals, decision support)
  - Which is about the patient
  - It's empowering your real business:
    - Delivering healthcare, and your relationship with the patient
- Business related information (like financials and transaction summaries) is not included
  - Though similar architectures might be useful
- Security and privacy concerns (for everyone) will need to be thought through carefully – and gradually!

What next?

- Read and comment on the reference architecture
  - www.hive.org.nz
- Make haste slowly
  - 'Internet enable' existing repositories, and hook systems up to them
    - testSafe
    - NHI
- Start thinking and talking about it!

THANKS!