General Practice in an Online World

Tom Bowden, CEO HealthLink


All known Health IT Problems have now been solved
Yeah right.
Tui

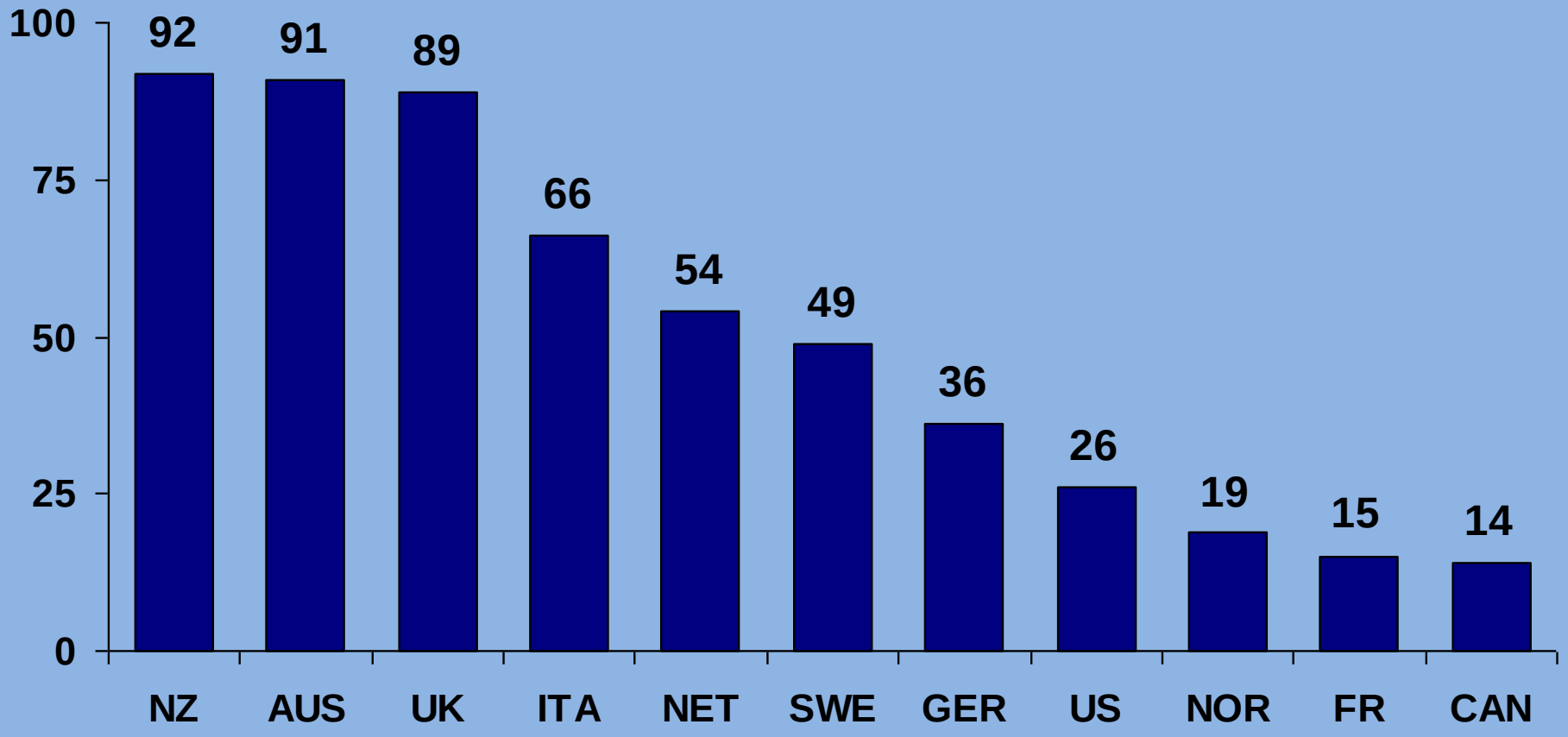
Exactly where are we?

“New Zealand’s status as a global leader in integrated healthcare IT has been confirmed in a landmark ten-country study that named **New Zealand** as having the second most integrated advanced country in this field after Denmark.”

Professor Denis Protti,
Professor of Health Informatics
City University, London and
University of Victoria, British Columbia

Practices with Advanced Health Information Capacity

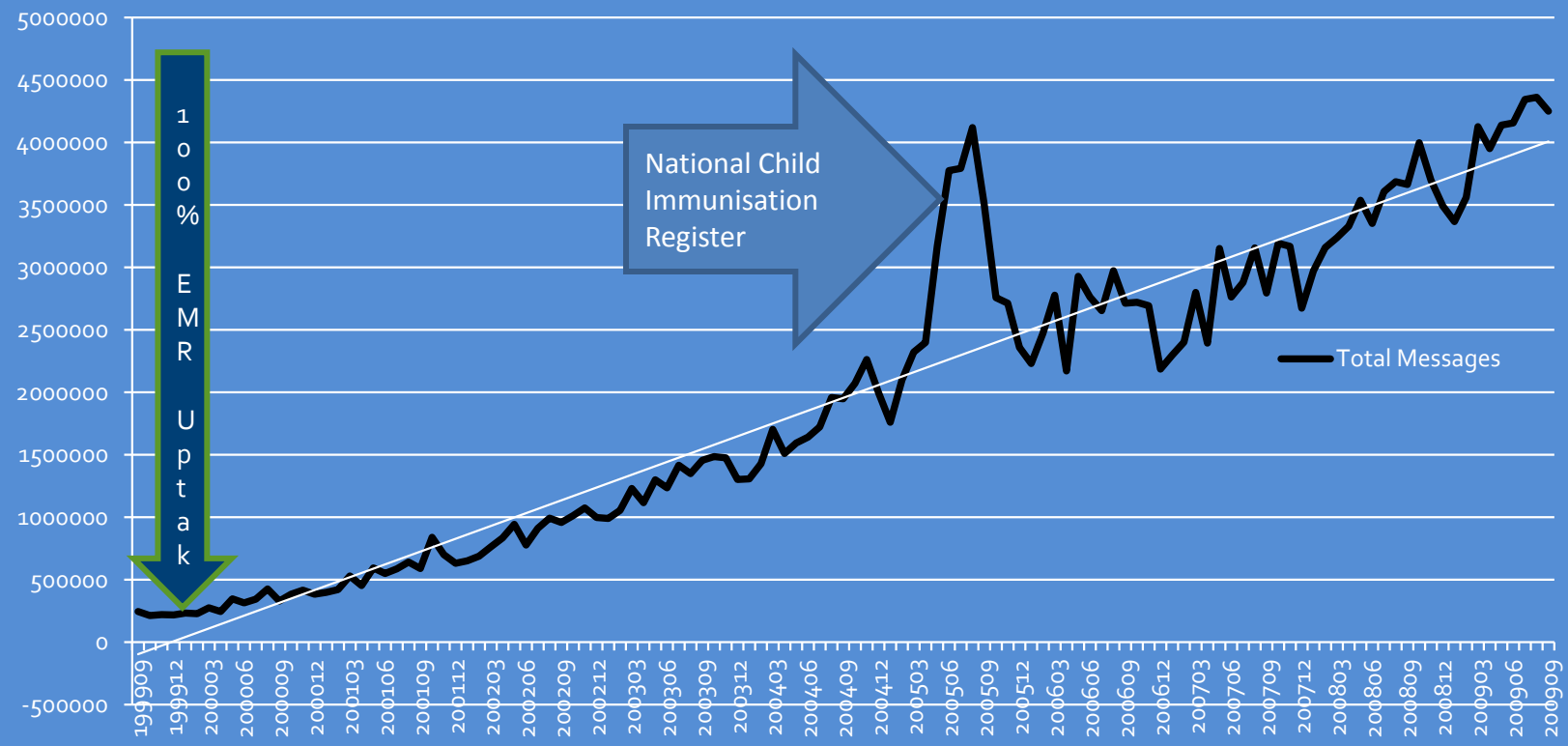
Percent reporting at least 9 of 14 clinical IT functions*



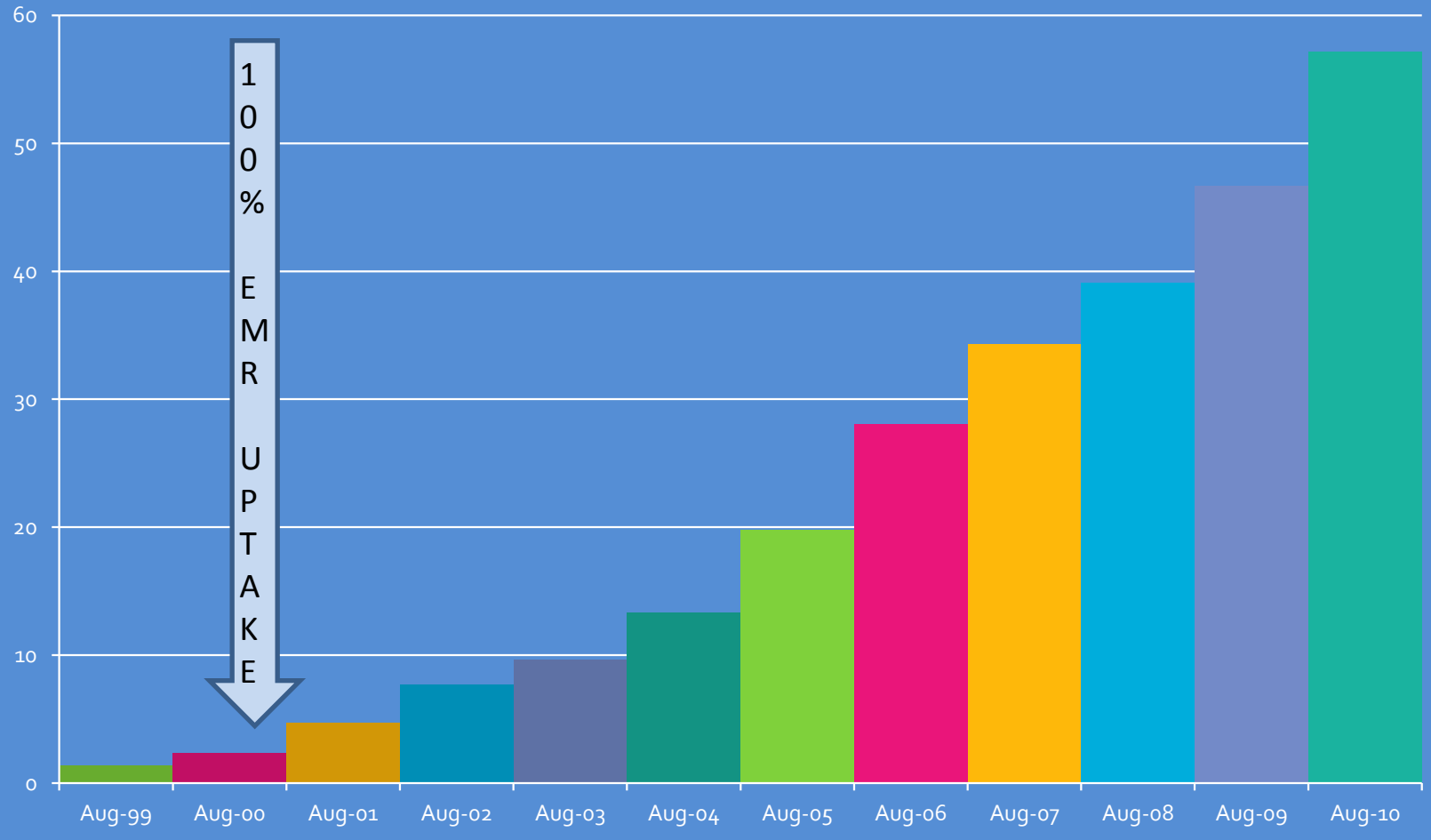
* Count of 14 functions includes: electronic medical record; electronic prescribing and ordering of tests; electronic access test results, Rx alerts, clinical notes; computerized system for tracking lab tests, guidelines, alerts to provide patients with test results, preventive/follow-up care reminders; and computerized list of patients by diagnosis, medications, due for tests or preventive care.

Source: 2009 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.

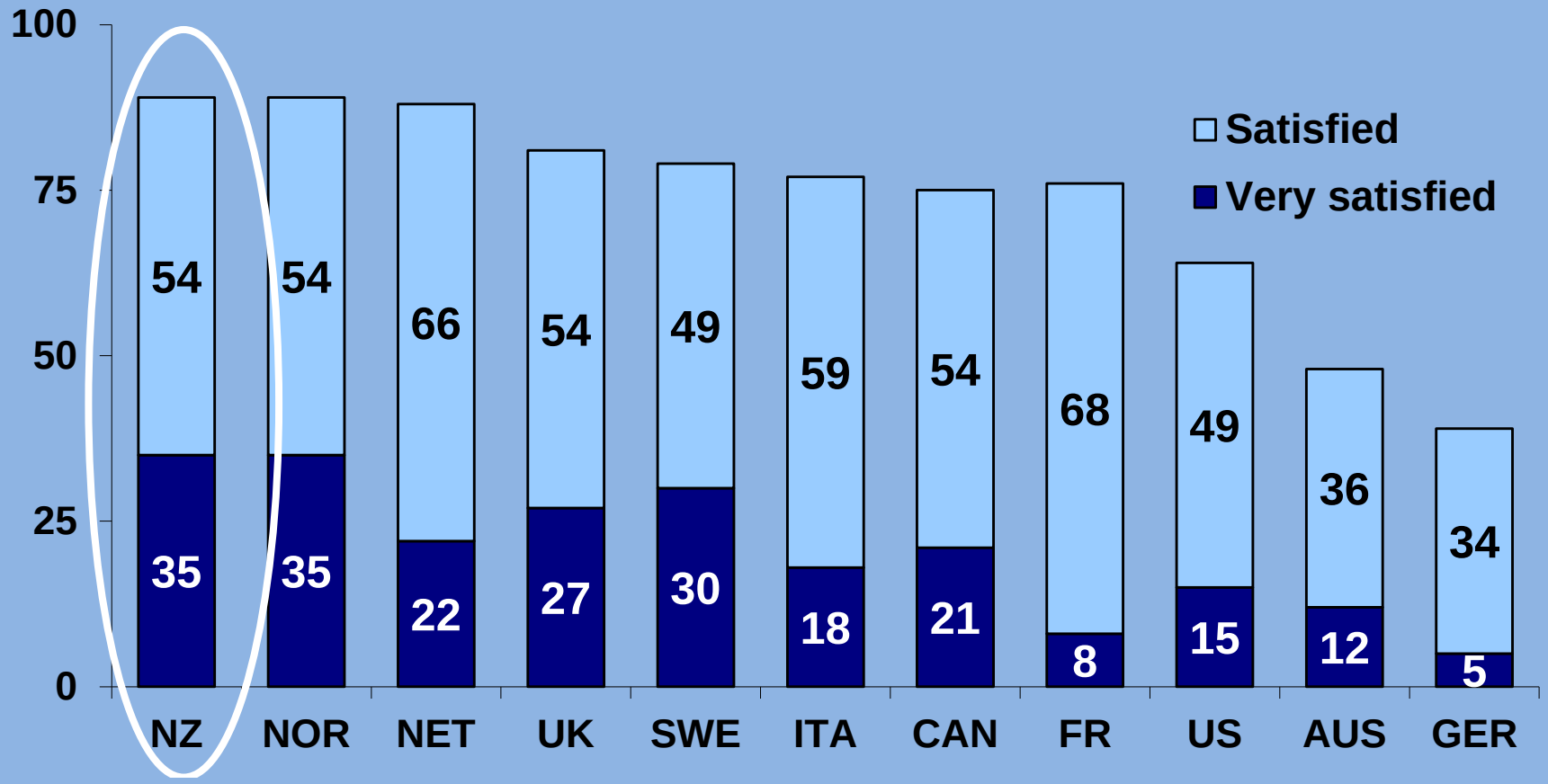
Clinical Transactions



Electronic Partners

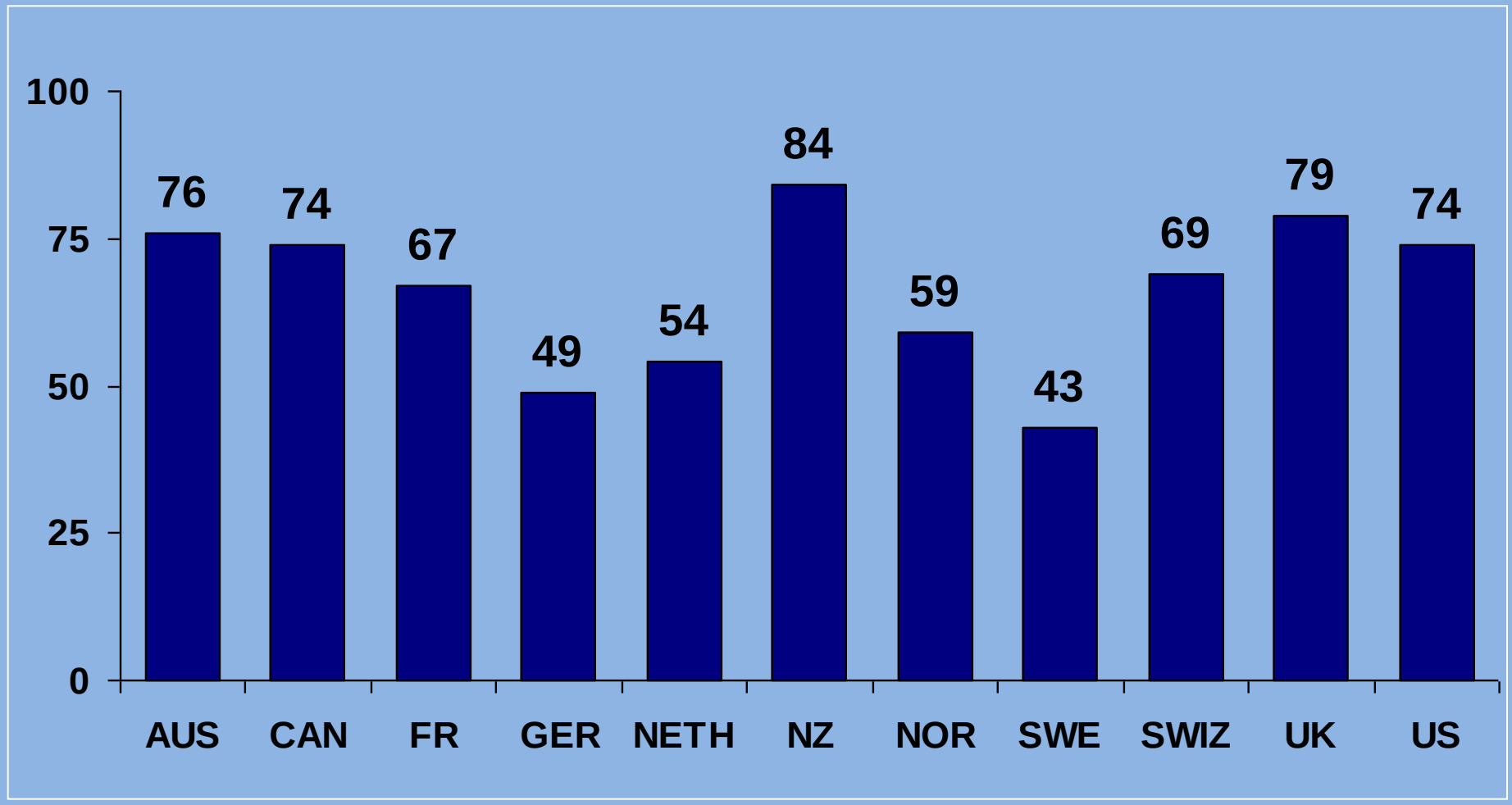


Physician Satisfaction



Quality of Care from Doctor

Percent rated care received in past 12 months from regular doctor as *very good/excellent*



Base: Has regular doctor/place of care.

Source: 2010 Commonwealth Fund International Health Policy Survey in Eleven Countries.

For the Record

We do have significant strategic Issues that are impeding progress but I am not going to talk about those today

– in question time perhaps

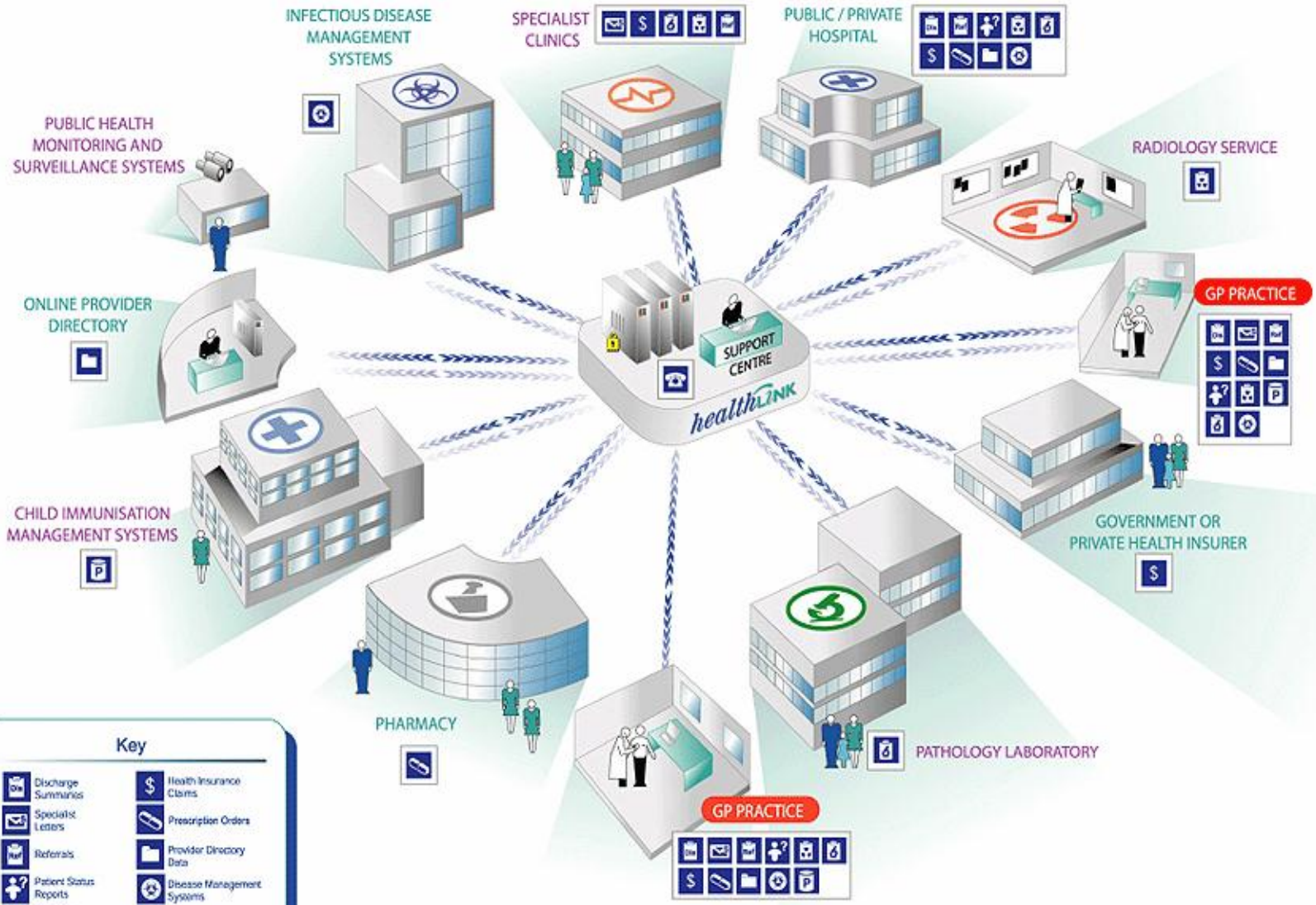
This Presentation?

- Where to from here?
- Moving forward from a position of strength
- Putting broadband to work in the primary care environment

Electronic Messaging

healthLINK

Connecting you to a world of health information



Key

- Discharge Summaries
- Specialist Letters
- Referrals
- Patient Status Reports
- Radiology Reports & Orders
- Pathology Reports & Orders
- Health Insurance Claims
- Prescription Orders
- Provider Directory Data
- Disease Management Systems
- Patient Databases
- HealthLink Support

www.healthlink.net

Online Services

Transition – Offline to Online

Offline (messaging)

- Store and forward
- Very dependable
- Easy to support/deliver
- Very useful
- Limited in key respects

Online/Immediate

- Real-time exchange
- Links multiple systems
- Complex to implement/ support
- Immensely powerful

Two technologies that complement one another seamlessly

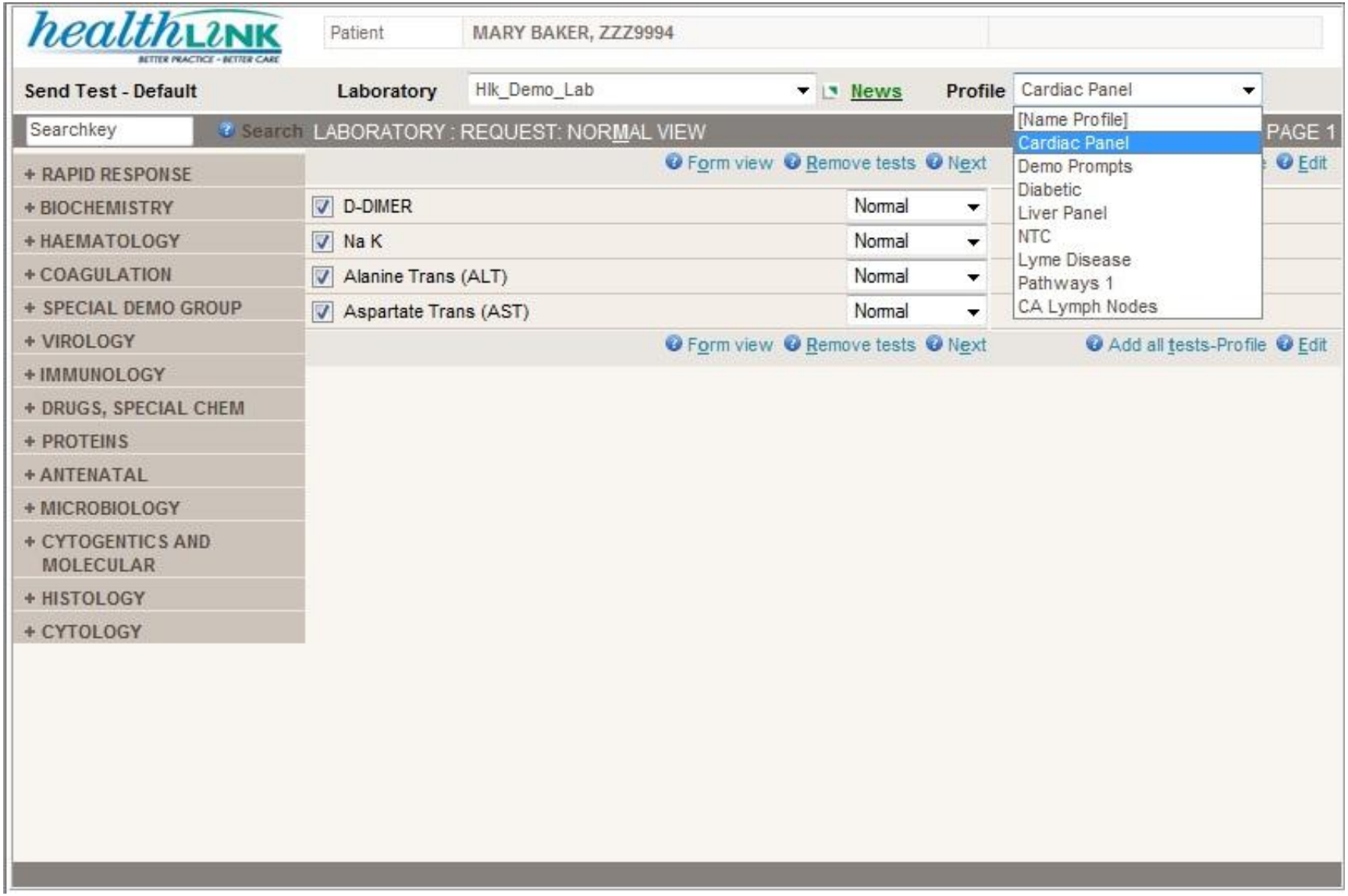
Combined, they are the perfect tools to automate healthcare

Typical Online Services

- E- Lab (Pathology Ordering)
- E-Referrals (Hospitals and Specialists)
- E-Rad (Radiology Ordering)
- E-Prescribing
- Care Insight (Remote enquiry)
- E-Forms

e-Lab Service

- Now being trialled in Wellington
- Based on a Danish System that we have adapted for NZ Use
- Uses the HISO 1014.2 standard and a range of other standards; CDA, LOINC, etc.
- Working well
- Rolling out across Wellington mid-year


healthLINK
BETTER PRACTICE - BETTER CARE
Patient
MARY BAKER, ZZZ9994
Send Test - Default
Laboratory
Hlk_Demo_Lab
News
Profile
Cardiac Panel
[Name Profile]
Cardiac Panel
Demo Prompts
Diabetic
Liver Panel
NTC
Lyme Disease
Pathways 1
CA Lymph Nodes
Searchkey
Search
LABORATORY : REQUEST: NORMAL VIEW
PAGE 1
Form view
Remove tests
Next
Edit
+ RAPID RESPONSE
+ BIOCHEMISTRY
+ HAEMATOLOGY
+ COAGULATION
+ SPECIAL DEMO GROUP
+ VIROLOGY
+ IMMUNOLOGY
+ DRUGS, SPECIAL CHEM
+ PROTEINS
+ ANTENATAL
+ MICROBIOLOGY
+ CYTOGENTICS AND MOLECULAR
+ HISTOLOGY
+ CYTOLOGY
D-DIMER
Normal
Na K
Normal
Alanine Trans (ALT)
Normal
Aspartate Trans (AST)
Normal
Form view
Remove tests
Next
Add all tests-Profile
Edit

Electronic Referrals

- In use by 50% of NZ by end of 2011
- Approximately 90 standardised referral types in a national e-Referrals library
- Very swift uptake
- Used for 80% of GP referrals within a standard GP consult

Issues with current referral process

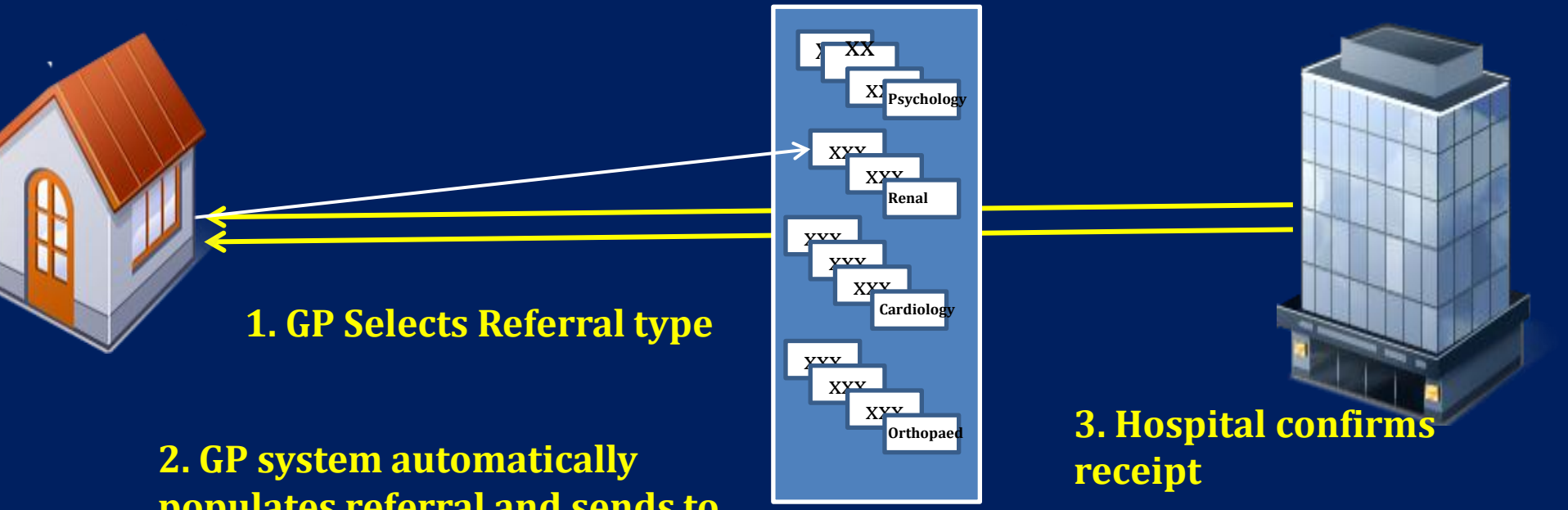
1. Frustration with excessive information
2. Frustration at receiving insufficient information
3. Duplication – re requesting inefficiency
4. Re-keying patient data is inefficient
5. Significant risk of lost paper
6. Poor security
7. Slow acknowledgements and updates (if any)

The Electronic Referrals System

Medical Practice

Referrals Server

Hospital



1. GP Selects Referral type

2. GP system automatically populates referral and sends to hospital

3. Hospital confirms receipt

4. Hospital sends discharge summary

Creating and sending an eReferral

General Practice

Hospital

Web services

LEGEND

1. One of 32 eReferral forms is selected and auto populated
2. Referral is sent
3. Receipt is confirmed
4. Treatment option notified

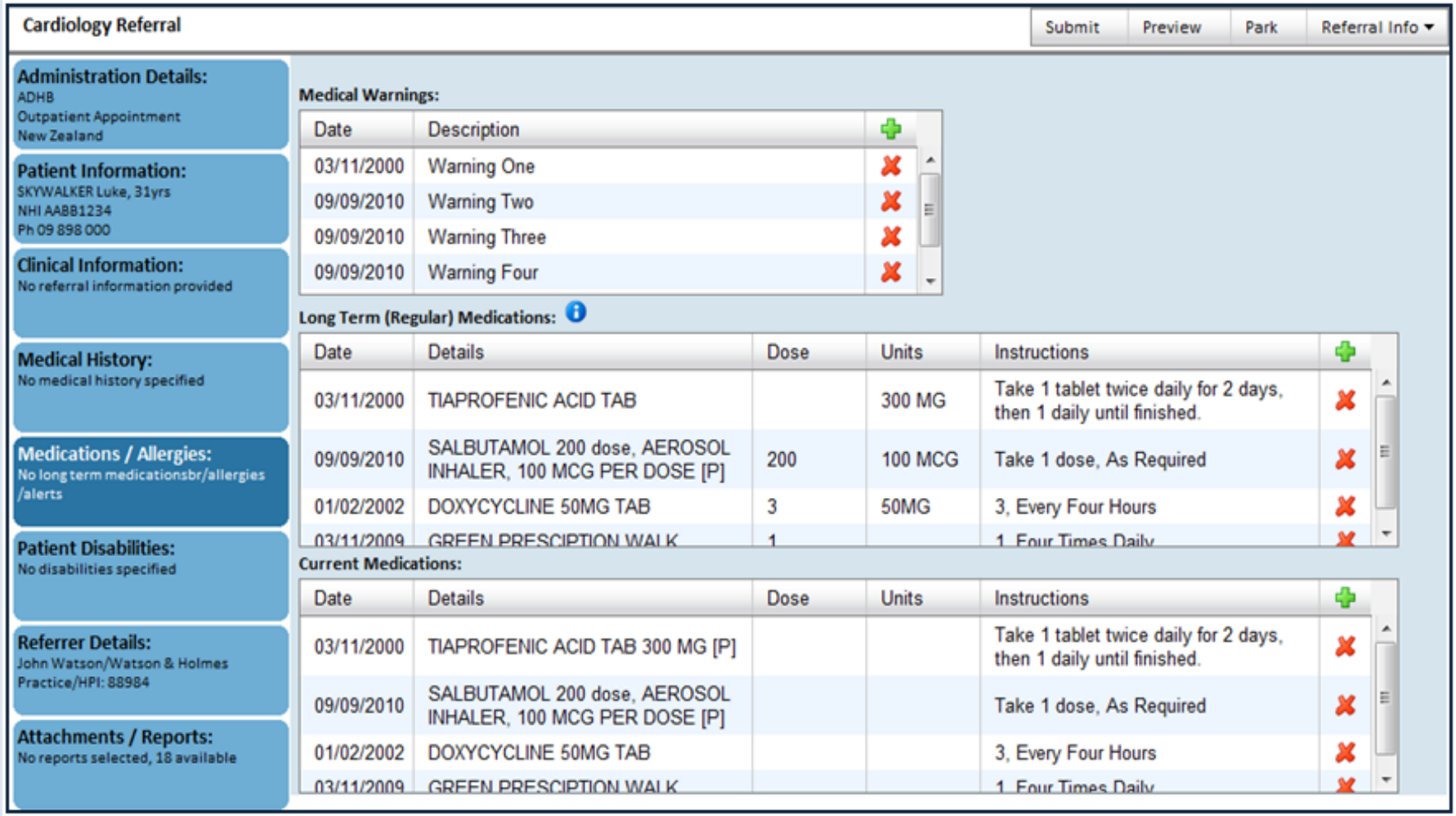
eReferrals Infrastructure

Management console

Technical support

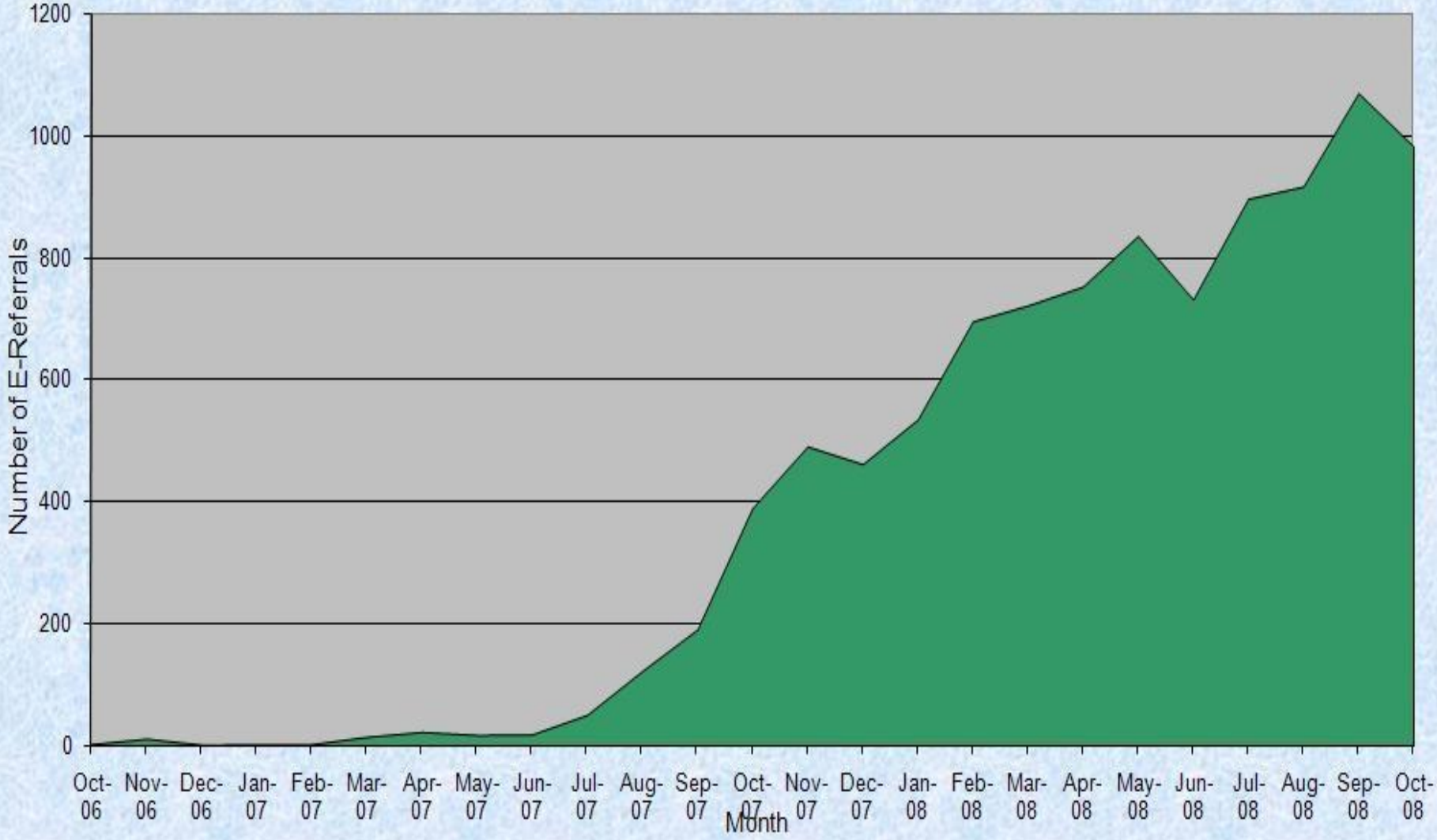
Centralised Forms Library

Typical eReferral Form



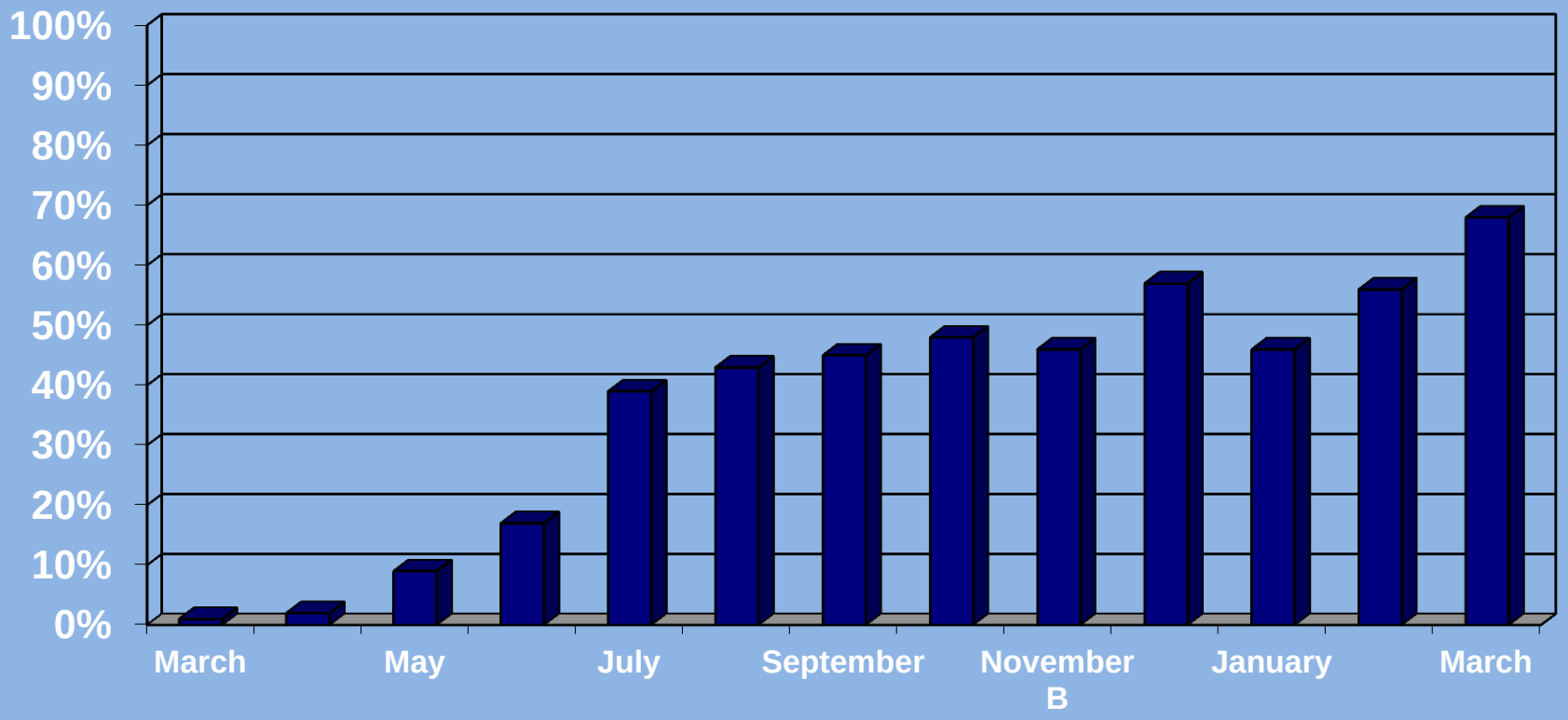

KAITAIA
WHANGAREI
AUCKLAND
BAY OF PLENTY
TAURANGA
HAMILTON
ROTORUA
TAUPO
GISBORNE
MT. TARANAKI
WAIROA
NAPIER
HASTINGS
WANGANUI
MASTERTON
NELSON
WELLINGTON
COOK STRAIT
WESTPORT
GREYMOUTH
KAIKOURA
CHRISTCHURCH
MT. COOK
ASHBURTON
TIMARU
OAMARU
QUEENSTOWN
TE ANAU
OTAGO PENINSULA
DUNEDIN
BALCLUTHA
INVERCARGILL
STEWART ISLAND
SOUTH ISLAND
TASMAN SEA
SOUTH PACIFIC OCEAN

Hutt DHB E-Referrals
Oct 06 - Oct 08



Region Two Northland

(percent received electronically)



Observations from initial rollouts

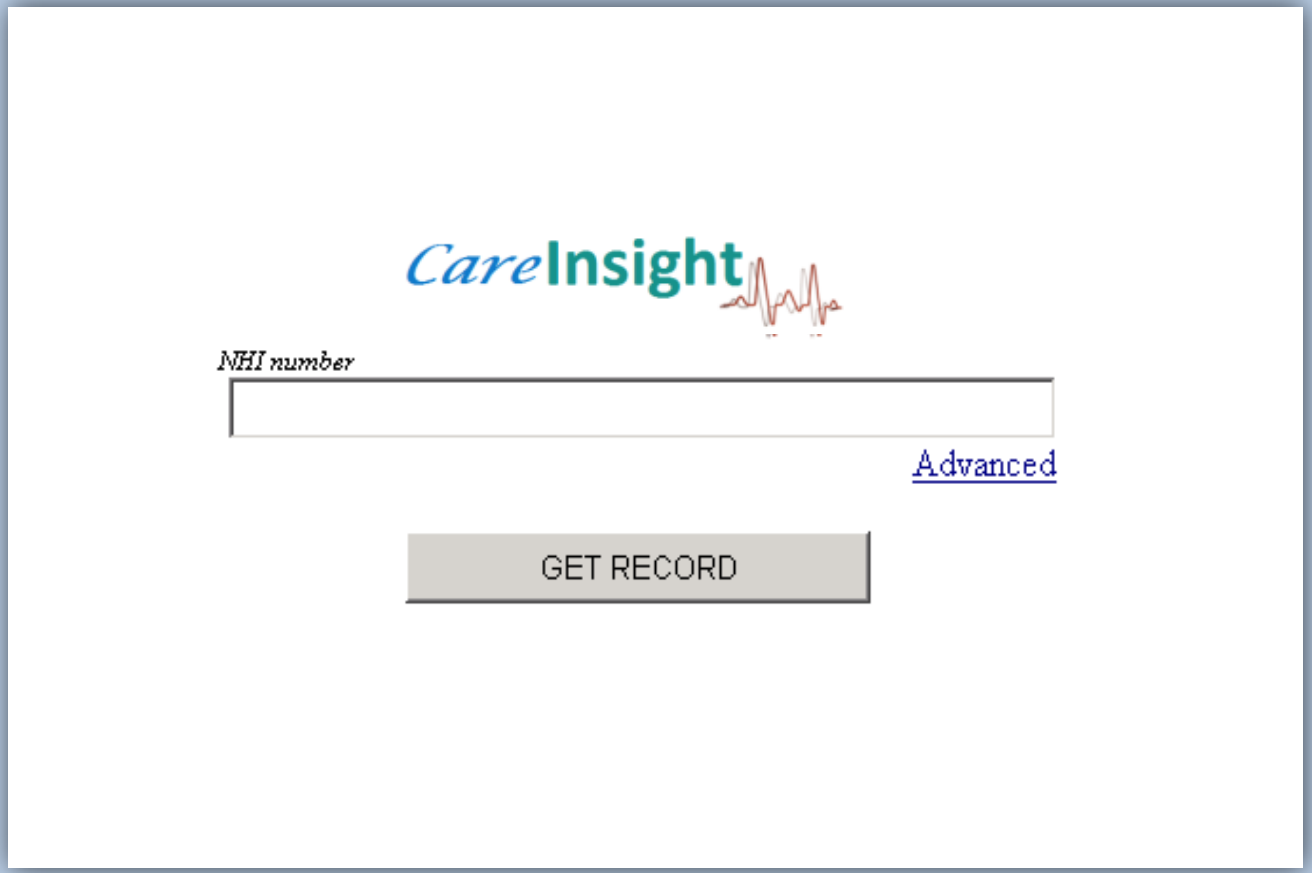
- 80% of GP referrals electronic within 3 months
- Improvements in management of key services eg Colonoscopy management
- Sharing of referral forms across various regions
- Better determination of urgent/non-urgent cases
- Greatly improved GP specialist - working relationships/effectiveness

Care Insight

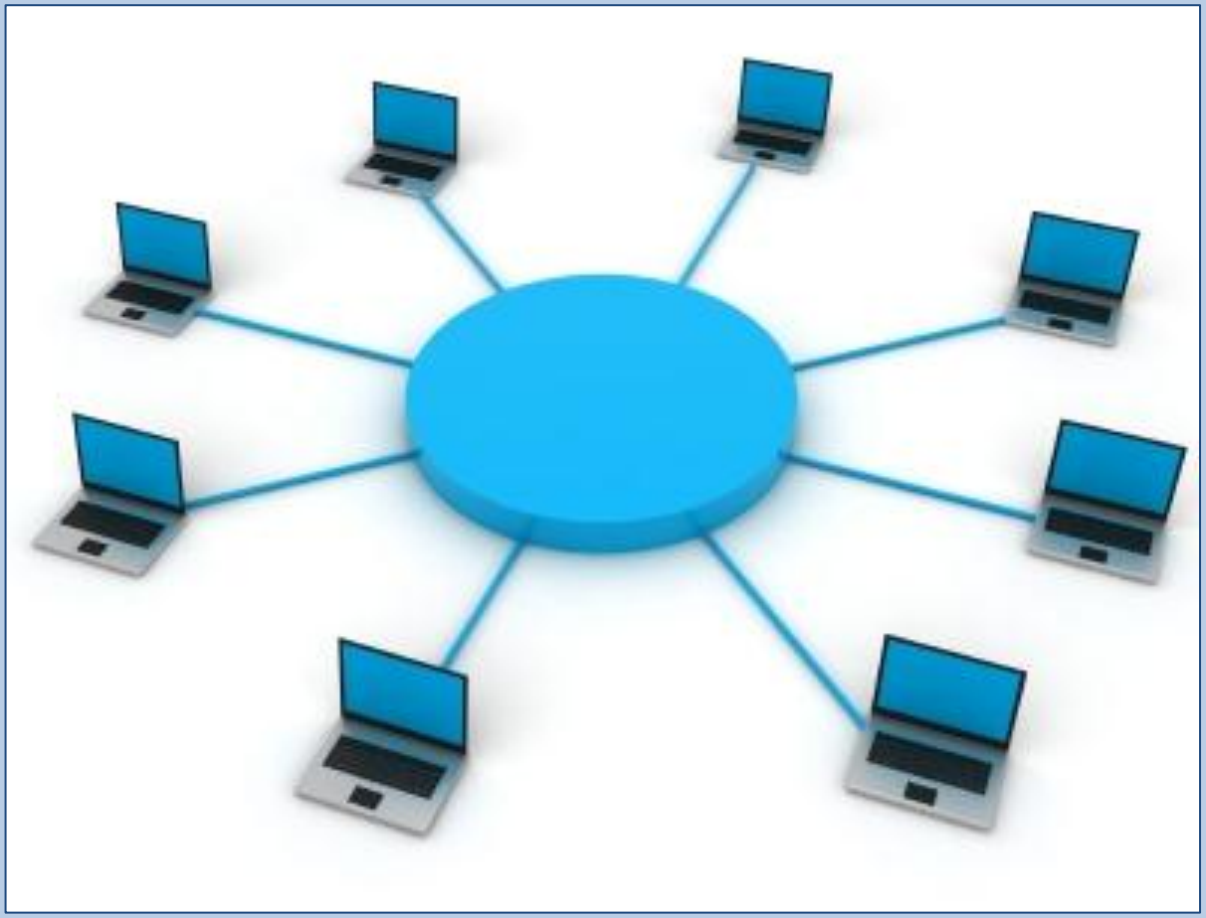
- Data from the source
- No repository
- No shared patient record
- Privacy issues straight forward
- Going into place now

A Patient arrives at a hospital emergency department or at A&E

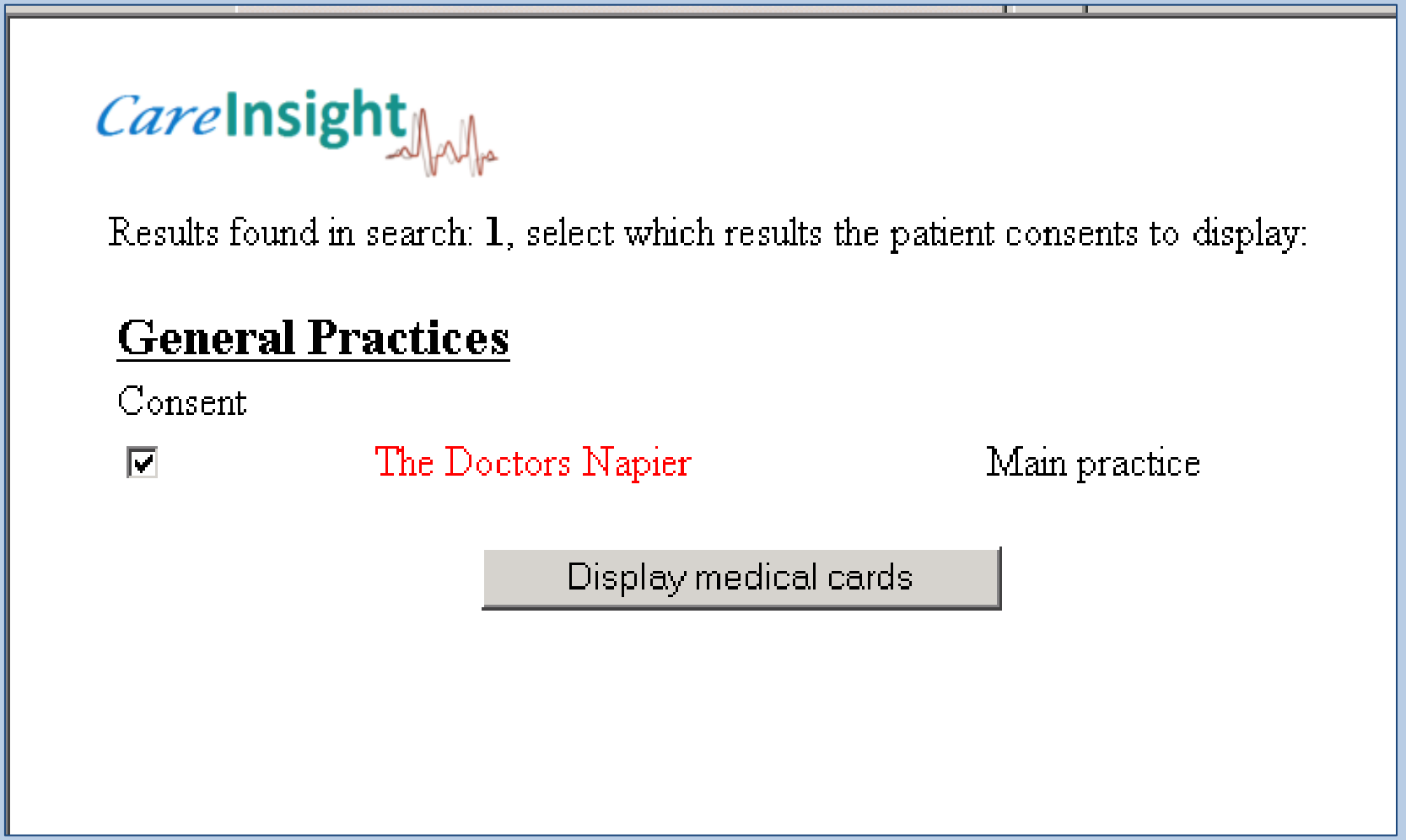
<u>The Patient</u> agrees for their primary care medical card to be pulled from practices attended over the past year



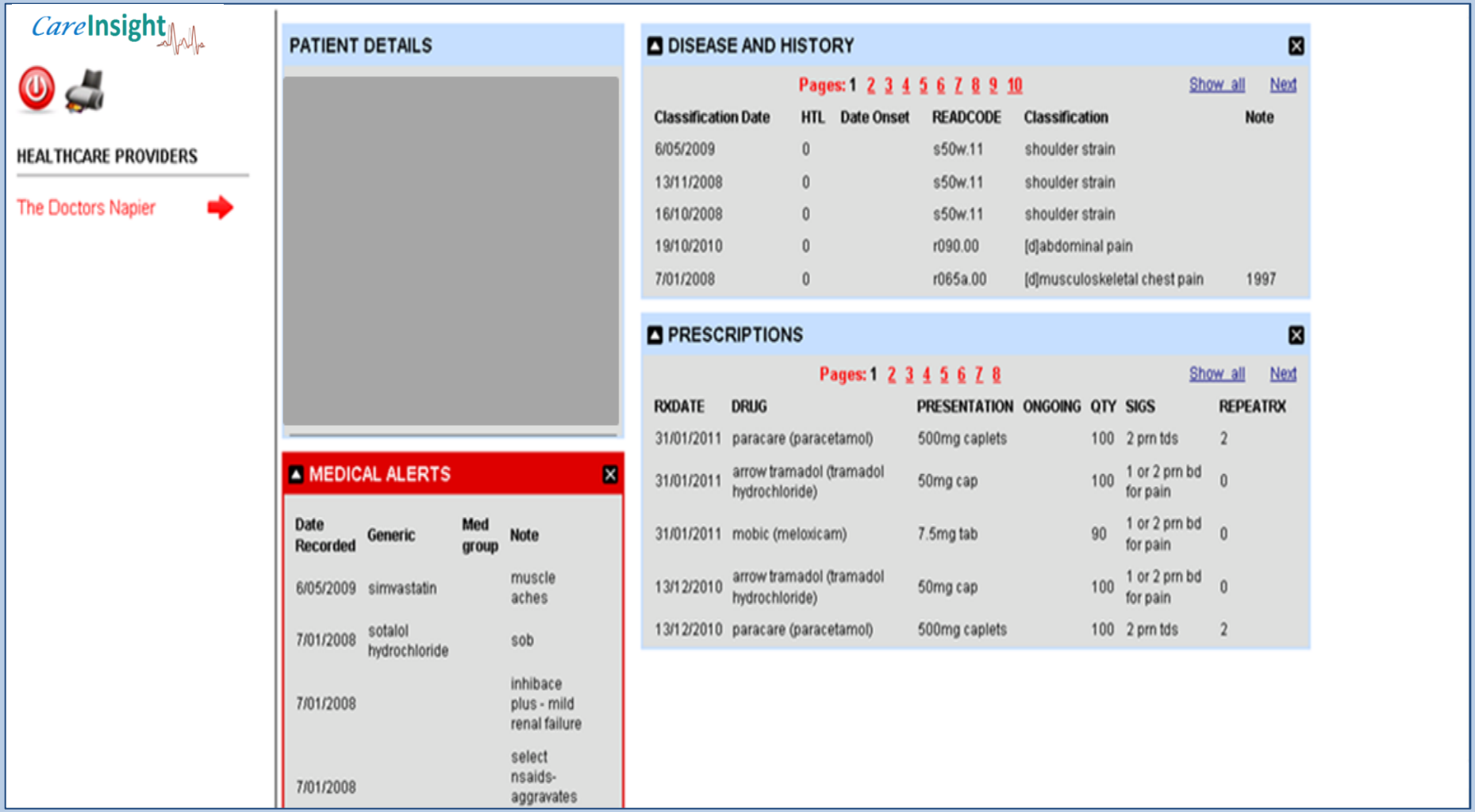
At ED an **Authorised** doctor looks up the patient primary care record, using the patient's NHI number or a name verification process



Within seconds, Care Insight connects to all participating practices and pharmacies and looks up where the patient has been registered and/or seen recently.



Care Insight presents a list of practices and pharmacies where a record has been found (registered or seen recently), the patient (or NK) then needs to consent for records to be pulled


CareInsight
HEALTHCARE PROVIDERS
The Doctors Napier
PATIENT DETAILS
MEDICAL ALERTS
Date Recorded
Generic
Med group
Note
6/05/2009
simvastatin
muscle aches
7/01/2008
sotalol hydrochloride
sob
7/01/2008
inhibace plus - mild renal failure
7/01/2008
select nsaids- aggravates
DISEASE AND HISTORY
Pages: 1 2 3 4 5 6 7 8 9 10
Show all
Next
Classification Date
HTL
Date Onset
READCODE
Classification
Note
6/05/2009
0
s50w.11
shoulder strain
13/11/2008
0
s50w.11
shoulder strain
16/10/2008
0
s50w.11
shoulder strain
19/10/2010
0
r090.00
[d]abdominal pain
7/01/2008
0
r065a.00
[d]musculoskeletal chest pain
1997
PRESCRIPTIONS
Pages: 1 2 3 4 5 6 7 8
Show all
Next
RXDATE
DRUG
PRESENTATION
ONGOING
QTY
SIGS
REPEATRX
31/01/2011
paracare (paracetamol)
500mg caplets
100
2 prn tds
2
31/01/2011
arrow tramadol (tramadol hydrochloride)
50mg cap
100
1 or 2 prn bd for pain
0
31/01/2011
mobic (meloxicam)
7.5mg tab
90
1 or 2 prn bd for pain
0
13/12/2010
arrow tramadol (tramadol hydrochloride)
50mg cap
100
1 or 2 prn bd for pain
0
13/12/2010
paracare (paracetamol)
500mg caplets
100
2 prn tds
2

Summary

- Online Technology is here
- It is a exciting time for the sector
- You are positioned to play a key role in its adoption

Please Diary this date

The HINZ Conference and Exhibition

Working together...Working smarter

23 - 25 Nov 2011, Aotea Centre, Auckland

Thank-you

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