NeHTA and the PCEHR

The National eHealth Transition Authority and the Personally-Controlled Electronic Health Record

Alphabet Soup in Australian Health IT

Ross Boswell

CMDHB (and NeHTA)

Australian and New Zealand Demography

	New Zealand	Australia
Land area	< UK	< USA
Population	4.4	21.8 million
Largest city	1.4	4.4 million
Funding - sec	20 DHBs	8 State & Terr
Funding – pri	20 DHBs	Cwlth
Births per year	64,000	270,000
Life expectancy	F 82.7	84.4
	M 78.8	79.4

NZ eHealth Background

National Health Index: national patient identifiers established in secondary care for >30 years, in primary care for >10 years

Patient “owns” health information; practitioners and practices have stewardship of it

NZ Health Information Privacy Code requires practitioners to share information unless the patient forbids it

Health and Disability Commissioner enforces a code of patients' rights

Aust eHealth Background

Individual Health Identifiers: national patient identifiers established this year

Practitioners and practices “own” health record; patients have access to it

Aust Cwlth Health Information Privacy Code allows practitioners to share information but does not appear to require it

No formal code of patients' rights

NZ Health System Organisation

Primary care is private practice, funded by capitation with a patient copayment

Secondary care is provided by public hospitals with no charge to patients

No-fault accident compensation provides accident care and rehabilitation, with a patient copayment in primary care

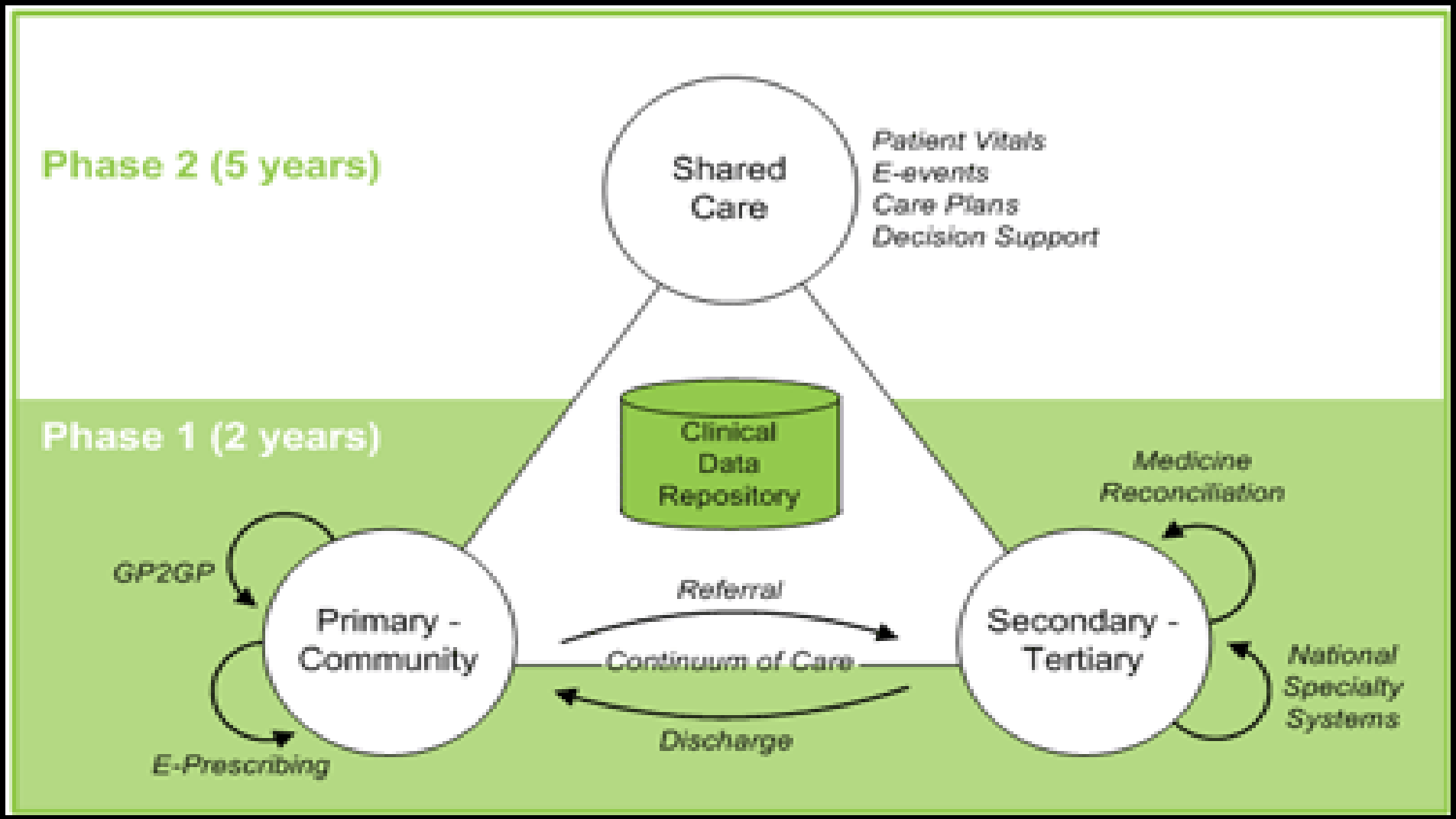
Aust Health System Organisation

Primary care is private practice, funded by episode with a patient copayment, but many practices “bulk bill”

Secondary care is provided by State/Territory public hospitals with no charge to patients

Accident care and rehabilitation funded by private insurers in some cases

NZ National Health IT Board Vision



Aust Cwlth Health IT Vision

Patient records will be linked electronically by IHI

Patients may opt-in to a Personally-Controlled Electronic Health Record

The PCEHR will be distributed in “conformant repositories”

Access to the PCEHR will be controlled by the patient at a document level

There will be a “provider portal” but most practitioners will access the PCEHR through their desktop system

PCEHR Content

- Shared Health Summary – based on the RACGP health summary
- Discharge Summaries from public and private hospitals
- Specialist Letters
- Referrals
- Laboratory and radiology reports
- Health event summaries

PCEHR: Identity

Mr John D. Smith

IHI: 8003 6012 3456 7890

Sex: Male

Date of Birth: 5 Jun 1965 (47 years)

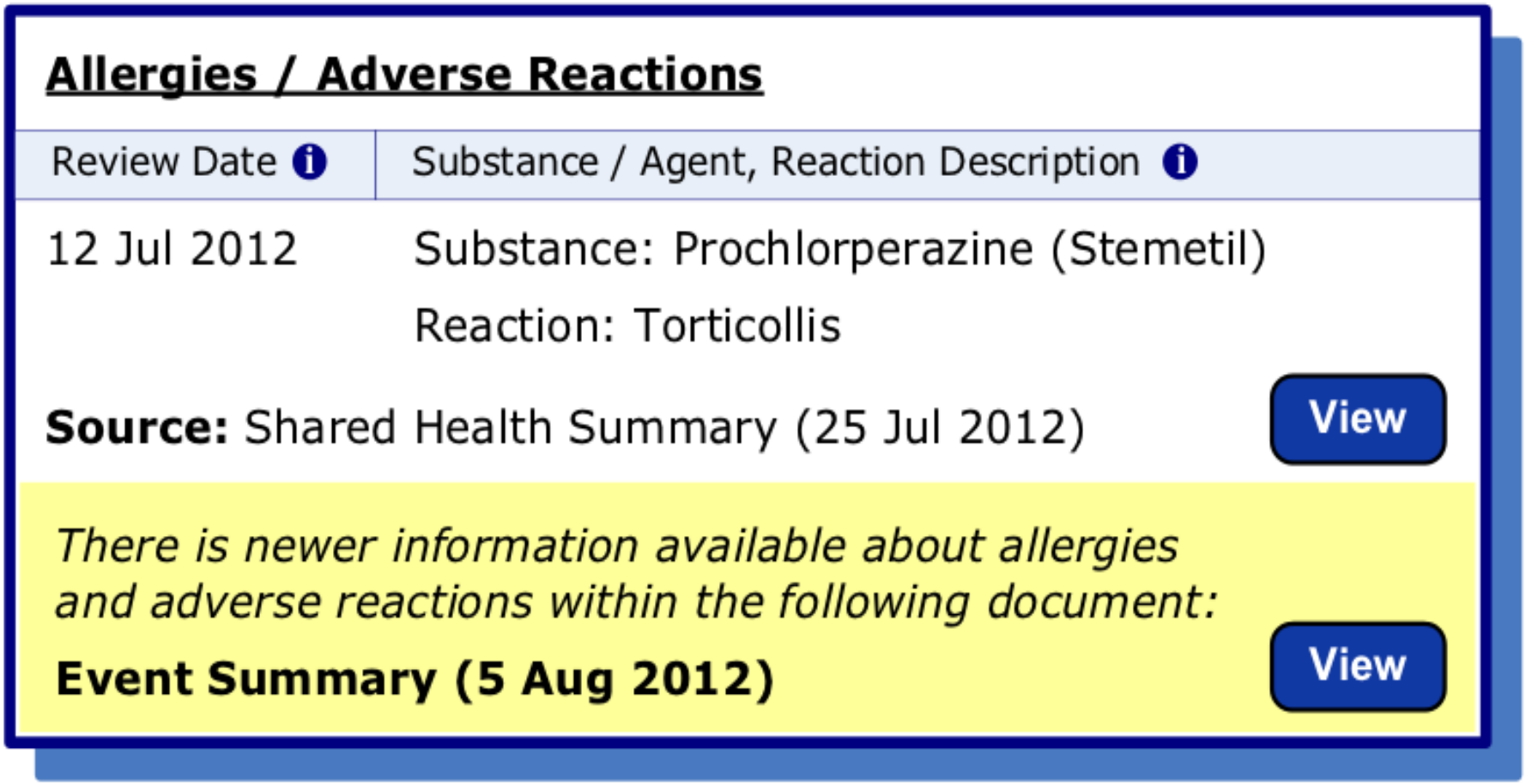
Contact Details: 12 Notastreet Cr, Sunnybank Q 4012

Telephone: (07) 5555 9876

Contact Person: Mrs. Jane Smith (Wife)

Contact Person Telephone: (07) 5555 9876

PCEHR: Adverse Reactions



Allergies / Adverse Reactions

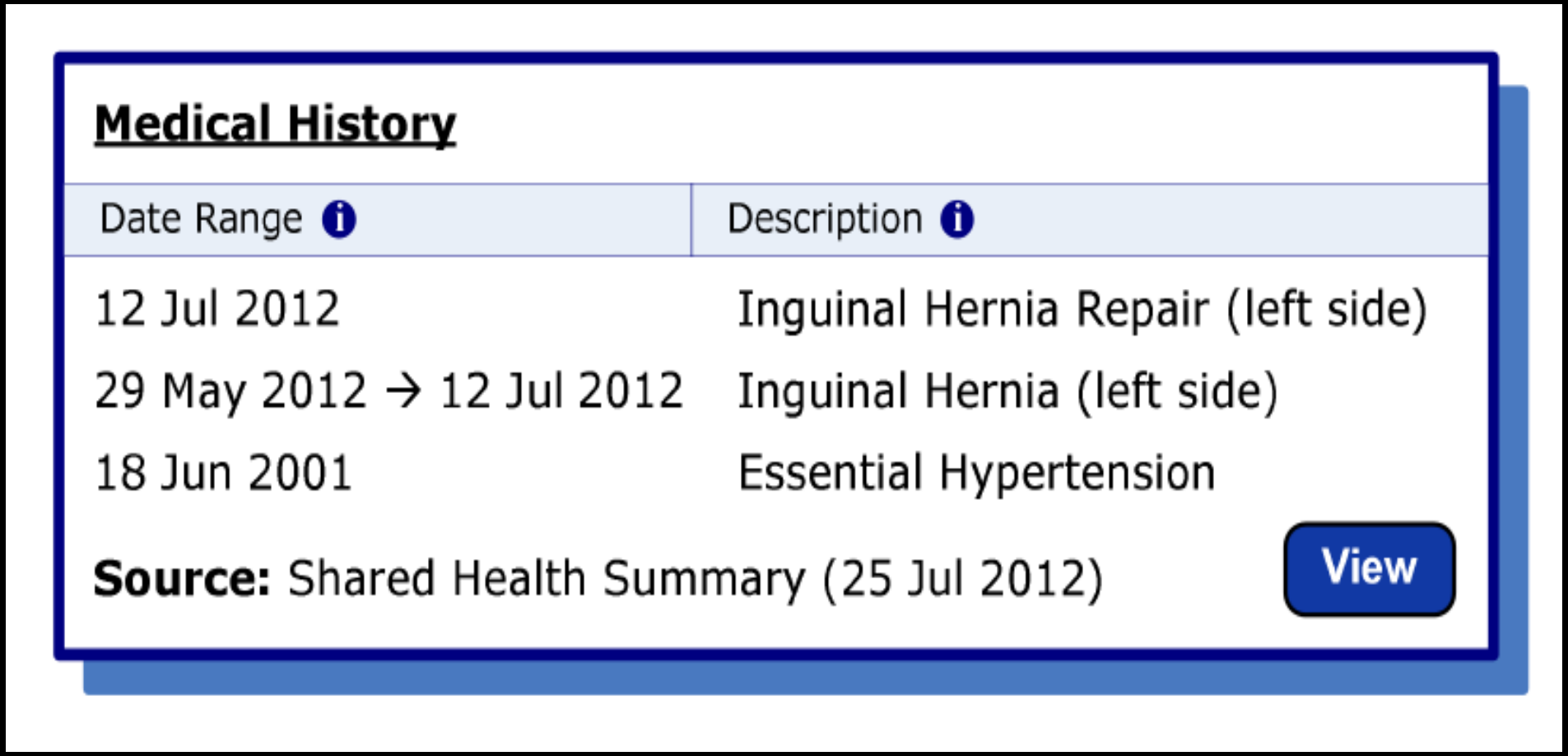
Review Date	Substance / Agent, Reaction Description
12 Jul 2012	Substance: Prochlorperazine (Stemetil) Reaction: Torticollis

Source: Shared Health Summary (25 Jul 2012) View

There is newer information available about allergies and adverse reactions within the following document:

Event Summary (5 Aug 2012) View

PCEHR: Medical History



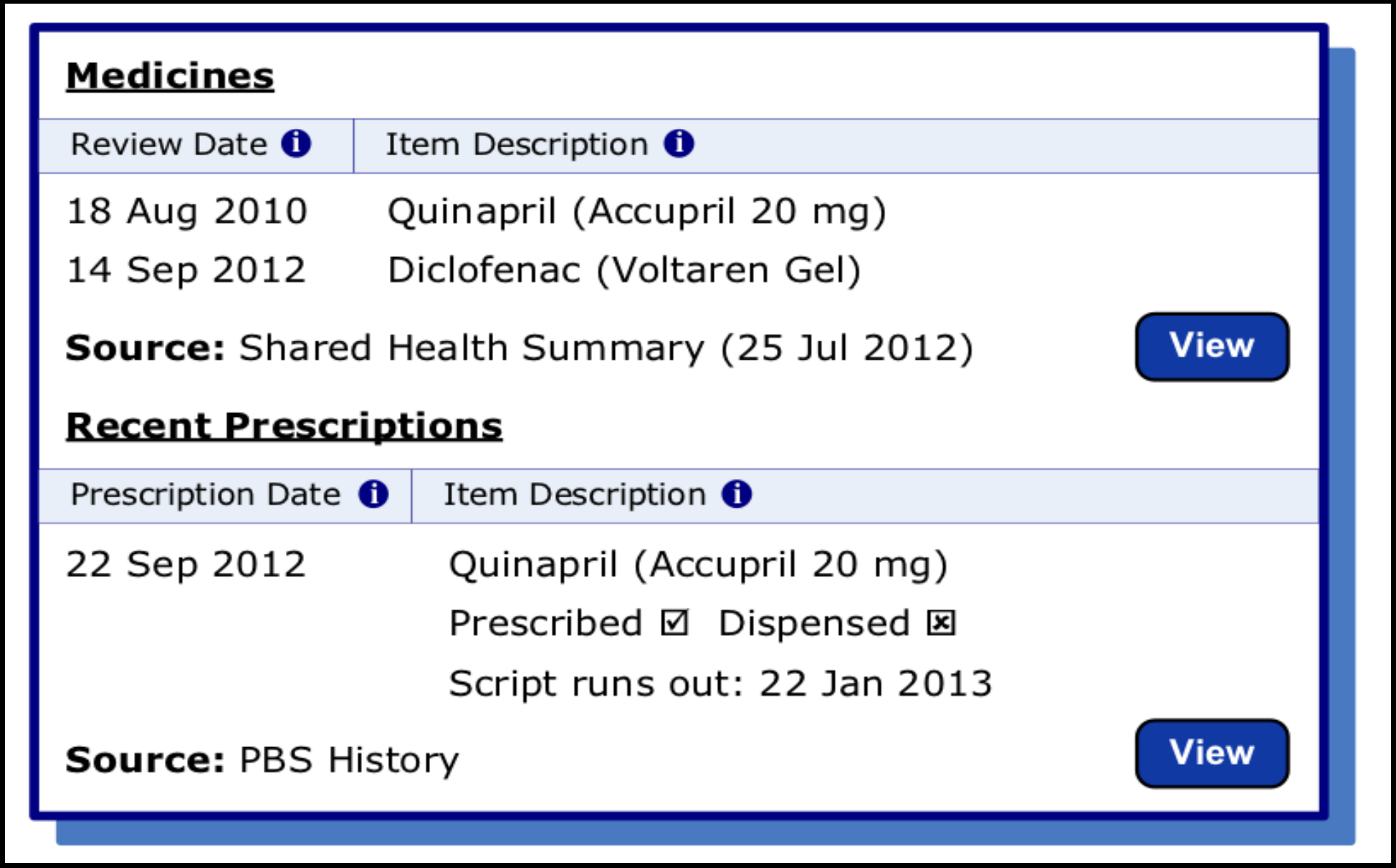
Medical History

Date Range	Description
12 Jul 2012	Inguinal Hernia Repair (left side)
29 May 2012 → 12 Jul 2012	Inguinal Hernia (left side)
18 Jun 2001	Essential Hypertension

Source: Shared Health Summary (25 Jul 2012)

View

PCEHR: Medicines



Medicines

Review Date	Item Description
18 Aug 2010	Quinapril (Accupril 20 mg)
14 Sep 2012	Diclofenac (Voltaren Gel)

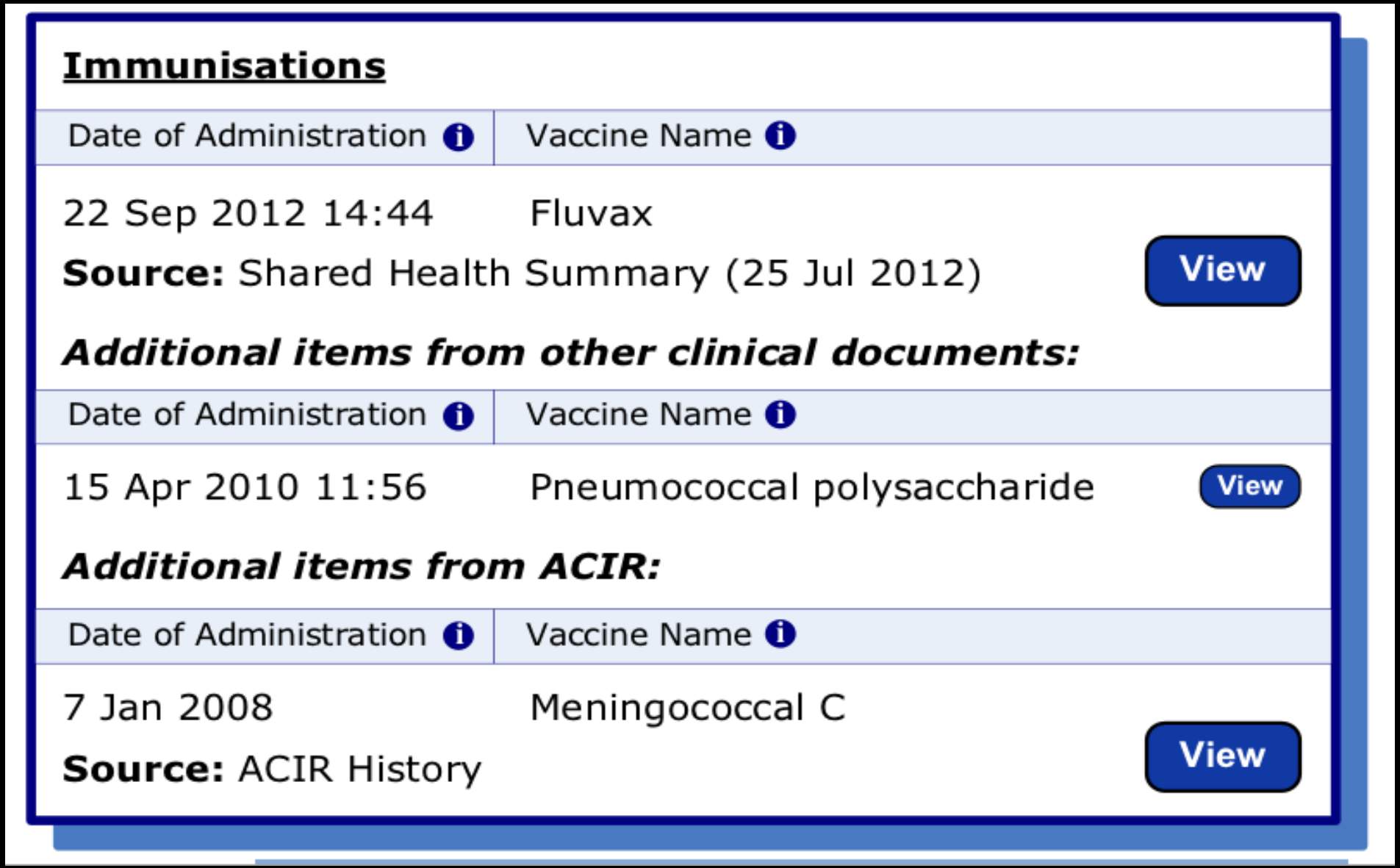
Source: Shared Health Summary (25 Jul 2012) View

Recent Prescriptions

Prescription Date	Item Description
22 Sep 2012	Quinapril (Accupril 20 mg) Prescribed ☑ Dispensed ☒ Script runs out: 22 Jan 2013

Source: PBS History View

PCEHR: Immunisations



Immunisations

Date of Administration	Vaccine Name
22 Sep 2012 14:44	Fluvax

Source: Shared Health Summary (25 Jul 2012) View

Additional items from other clinical documents:

Date of Administration	Vaccine Name
15 Apr 2010 11:56	Pneumococcal polysaccharide

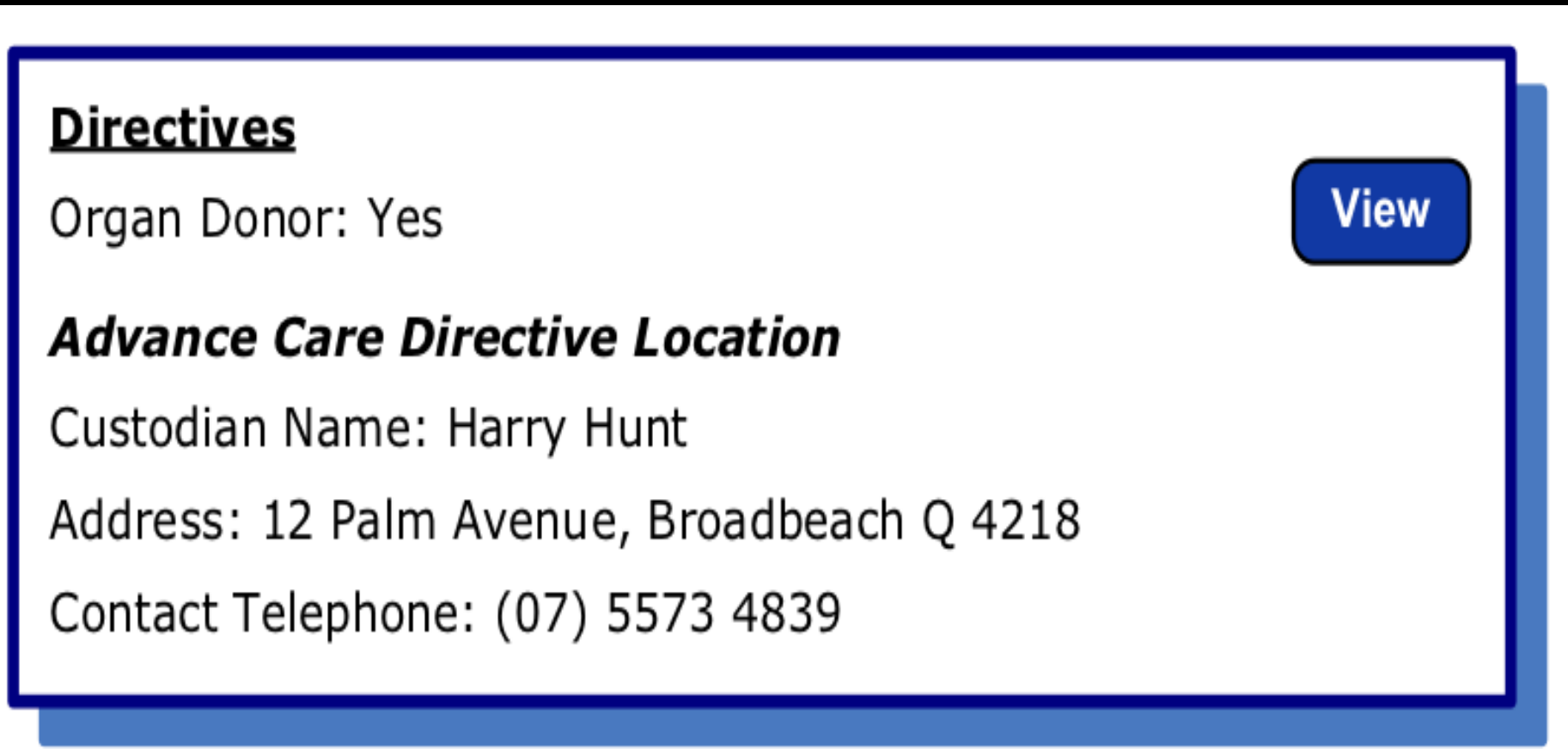
View

Additional items from ACIR:

Date of Administration	Vaccine Name
7 Jan 2008	Meningococcal C

Source: ACIR History View

PCEHR: Directives



PCEHR Timeline

- Concept of Operations released 8 April for comment by 6 June
- “Wave 1” and “Wave 2” pilot projects at present under way
- Patients will be able to opt-in from 1 July 2012
- Laboratory reports will be incorporated by July 2013

Further Information

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IT Issues for Practice Managers

Ross Boswell

Clinical Director of IT, CMDHB

Overview

Health Information Privacy Code

Information Security

NHITB Strategy and Regional Repositories

Health Information Privacy

Patient “owns” health information; practitioners and practices have stewardship of it

NZ Health Information Privacy Code requires practitioners to share information unless the patient forbids it

Health Information Security Framework

Section Heading	Description
Information Security Policy Refer section 5	This section explains that an organisation's management requires a policy for security management and that this policy should be reviewed on a regular basis.
Organising Information Security Refer section 6	This section describes what structures, agreements and responsibilities need to be in place to effectively implement information security practices within an organisation.
Asset Management Refer section 7	This section considers information as an asset requiring that health information be classified, handled, labelled and protected appropriately.
Human Resources Security Refer section 8	This section addresses the obligations of employees, contractors and third party users to protect and use information appropriately.
Physical and Environmental Security Refer section 9	This section addresses the physical access controls and appropriate housing for an organisation's information and information processing facilities.
Communications and Operations Management Refer section 10	This section addresses how information processing facilities should be operated in order to maintain adequate security.
Access Control Refer section 11	This section describes how access to information and information processing facilities should be controlled.
Information Systems Acquisition, Development and Maintenance Refer section 12	This section describes how security should be designed into systems, applications and operating procedures.
Information Security Incident Management Refer section 13	This section addresses how security incidents are to be reported, reviewed and learnt from.
Business Continuity Management Refer section 14	This section advises how to mitigate the effects of major systems failures and to make provision for recovery from such failures.
Compliance Refer section 15	This section discusses the obligations required to comply with the standard and legal requirements.

Information Security Policy

Responsibility	Procedure Description	Headline
Management	(a) Create and maintain the Information Security Policy document. It will be reviewed a minimum of every three years. *Recommended:* Visible support and commitment to security from all levels of management. *Recommended:* Make available to patients a summary of the security policy.	***Create and maintain an Information Security Policy***
Administrator	(a) Ensure that all new employees are aware of the Information Security Policy and kept informed of any changes and updates. *Recommended:* Provide advice and proactively promote the security policy.	***Develop employee awareness***
User	(a) Read, review, understand and follow obligations under the Information Security Policy.	***Follow user obligations***
System	(no requirements in this section)	

Information Security Policy Framework

7-page Microsoft Word framework document

Example section:

1.2.1 Objectives

[Typical objectives are outlined below. Edit as appropriate]

The objectives of [organisation] Information Security Policy are to preserve:

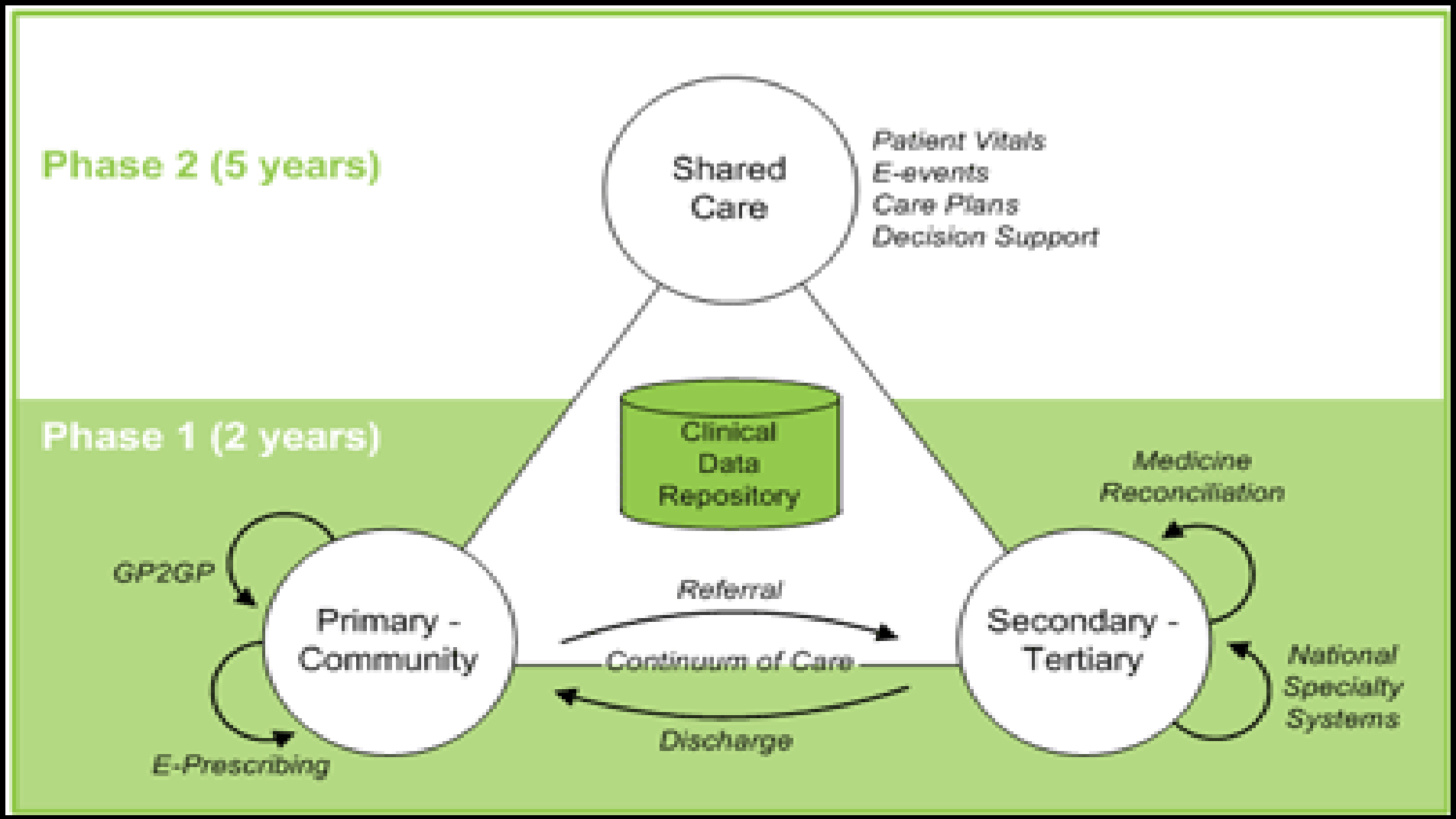
Confidentiality - information must not be made available or disclosed to unauthorised individuals, entities, or processes.

Integrity – data must not be altered or destroyed in an unauthorised manner, and accuracy and consistency must be preserved regardless of changes.

Availability – information must be accessible and useable on demand by authorised entities.

URL:

NZ National Health IT Board Vision



TestSafe
Auckland Regional Repository

- Lab reports from hospital and community labs
- Radiology reports from hospitals
- Cardiology (ECG, Echo), Respiratory, Endoscopy and other reports
- Community pharmacy dispensing reports
- Opt-off privacy model: 1.1 million patients, 96 have opted off

TestSafe: What Works Well

- Opt-off privacy model
- Open access audit trail
- Clearly-defined process for research approval
- Patient-centred audit (but some staff concerns)
- Hospital staff can see recent GP test results
- Insistence on open data standards
- LOINC allows cumulative display for lab reports
- Access to history: user can view all previous versions of a report
- Radiology / Laboratory ordering (in production and in pilot)

What Worked Badly

- The repository is the sole record for hospital laboratory & radiology reports
- Doctors thought “copyto” was a safe communication channel
- The display of public hospital encounters is obscure and non-intuitive
- Clinical staff cannot accept that they do not have a right to view their own records
- Observation category tree expansion is clunky
- GPs were an afterthought

What We Have Learned

- Expect data errors
- Don't merge records – merge identities
- Need to plan for resilience
- Initial principle that “every user can see every record” has been compromised
- Users don't know what they don't know and they hate change
- Contributors will (try to) subvert open standards
- Desktop access should preserve user/patient context
- Data governance must be defined in advance

Further Information

www.privacy.org.nz/health-information-privacy-code/

www.ithealthboard.health.nz

www.testsafe.co.nz

www.sysmex.co.nz/Eclair

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