

Implementing the nation's eHealth agenda with privacy as a fundamental principle

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NEHTA



- Lead the uptake of eHealth systems of national significance
- Established and funded by the Australian, State and Territory governments
- Managing agent for development of the “Personally Controlled Electronic Health Records” (PCEHR) system

Confidentiality and privacy



Some definitions:

- **Confidentiality** is an ethical principle conceptualised as a duty. Unless authorised by a patient or by law, doctors and healthcare providers must refrain from disclosing information
- **Privacy** a broader concept about the right to control information about oneself; grounded in the notion of a personal right to self-determination

National health reform agenda



“... Treasury has concluded that by 2045-46, spending on health and hospitals would consume the entire revenue raised by state governments”

National health reform agenda



8 streams:

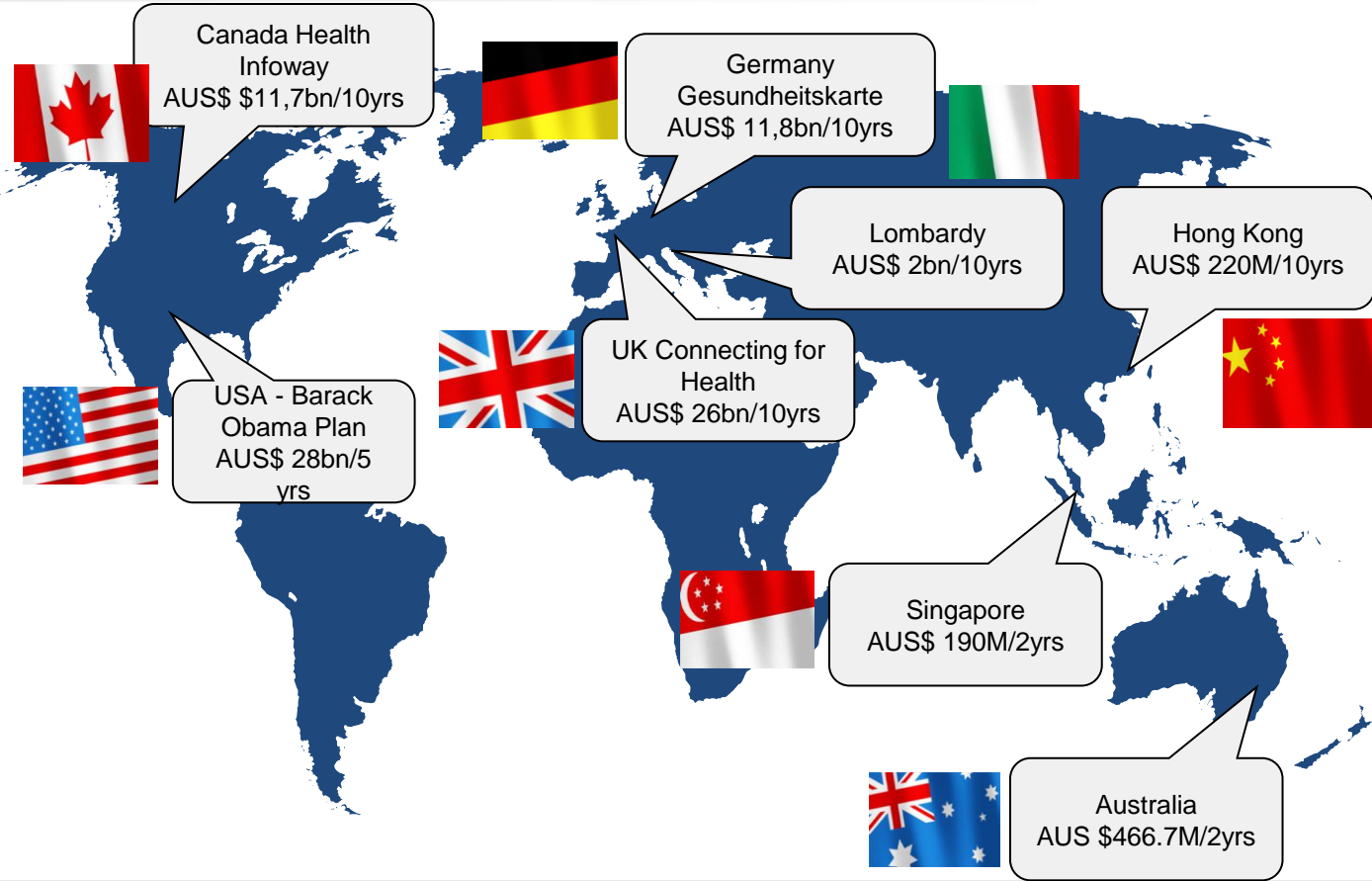
- Hospitals
- Primary Health Care
- Aged Care
- Mental Health
- National Standards and Performance
- Workforce
- Prevention
- **eHealth**

National health reform agenda



“...What do you mean that doctors cannot send my health records electronically?”

eHealth around the world



Hong Kong

Fundamental principles:

- Patient-focused platform with patient-controlled access
- Government operating the system
- Privacy safeguarded by law, technology and procedure
- ‘Hub and spoke’ model

Canada Health Infoway

Current projects include:

- Registries
- Diagnostic imaging systems
- Laboratory information systems
- Interoperable EHRs
- Telehealth
- “public health surveillance”

USA

Market driven historically:

- Kaiser Permanente – “My Health Manager”
[Kaiser Permanente](#)

Public initiatives:

- Office of the National Coordinator for Health Information Technology



Northern Territory



From 2008, SEHR included:

- Client health summary
- Summary records of past treatments
- Medications
- Test results and diagnoses
- Allergies

Lead Site Implementations



Privacy perspectives in eHealth



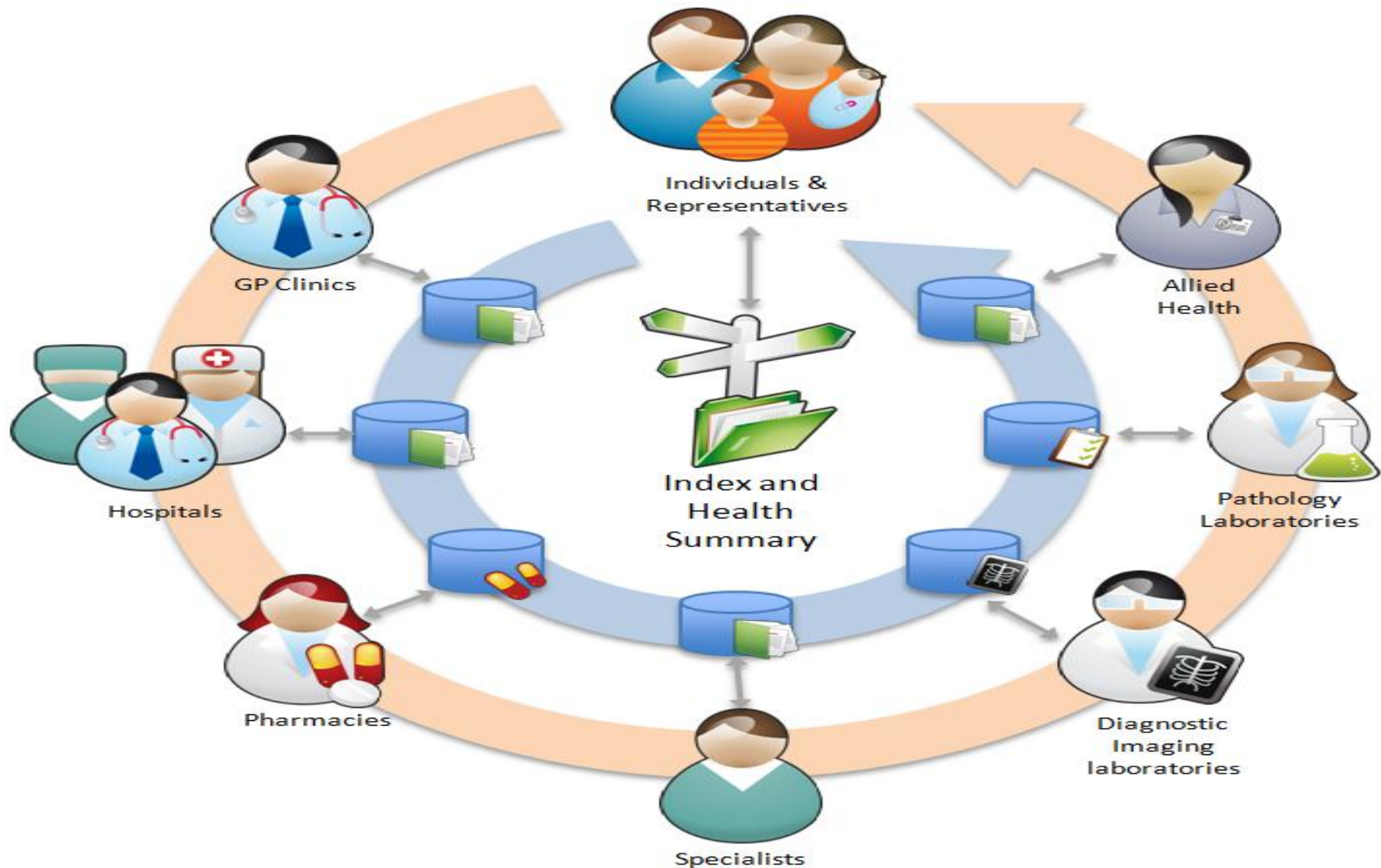
- Health information is a special species of information afforded special privacy treatment
- Trend towards patient-centric models of health information exchange
- Federated health privacy laws – the “patchwork”

Breen v Williams

- Personal inviolability
- Patient autonomy
- The rejection of medical paternalism



The PCEHR



The PCEHR



- **“Personally Controlled Electronic Health Records” (PCEHR)**
- Public consultation on Concept of Operations ended 7 June 2011
- Legislative Issues paper expected 1 July 2012
- One of the biggest change management projects in Australia today

What is the PCEHR System?



- The PCEHR System is a secure system which enables individuals to store and share clinical documents that are important to their ongoing care
- Participation is voluntary and individuals will have a range of controls over the record
- The PCEHR System will be underpinned by
 - Rigorous governance and oversight to maintain privacy
 - National standards and core national infrastructure
- The PCEHR systems complements (not replaces) existing records and clinical communications

What kind of information will the PCEHR System allow access to?



- Shared Health Summary
- Event Summaries
- Discharge Summaries
- Pathology Result Reports
- Diagnostic Imaging Reports
- Referrals
- Prescribing and Dispensing Records
- Medicare Information (Organ Donor, MBS, PBS and ACIR)
- Consumer Entered Information
- Advance Care Directive (Location)

Is the PCEHR a complete health record?



- No, it will only contain clinically significant information that is deemed important to the ongoing care of an individual
- Individuals may request that information not be loaded on to their PCEHR.
- Individuals may have limited access to certain classes of information

How do providers get access?



- PCEHR System can be accessed by any Healthcare Organisation with a HPI-O and comply with the terms of access
- Options for access include:
 - Enhanced versions of clinical systems
 - Provider Portal
- Organisation choose which local users need access
 - Managed in local clinical system (or in HI PDS for provider portal)
 - The PCEHR System will only accept clinical documents from providers with a HPI-I

Participation by Individuals



- Voluntary Participation based on an opt-in basis
- Individual must have an IHI
- Registration
 - Web Based Portal
 - Assisted Registration at Medicare or by some healthcare providers
- A range of campaigns will be put in place to drive adoption
- Can withdraw at any time
- Can access their PCEHR via:
 - Consumer Portal
 - Third party conformant portals

Personal Control

Individuals can:

- Decide whether or not to have an active PCEHR
- Access information in their PCEHR
- Decide how healthcare provider access is obtained (e.g. is an access code required or can any provider involved in care have access)
- Authorise and/or nominate representatives
- Control access to documents in their PCEHR
- View an activity history for their PCEHR
- Make enquiries and complaints

The PCEHR

Conformant repositories will hold:

- Shared Health Summaries
- Discharge Summaries
- Event Summaries
- Pathology Result Reports
- Imaging Reports
- Specialist Letters

collected from a range of participating organisations with the patient's consent.



Personally Controlled Electronic Health Record	Clinical Information	Individual Information	Shared Information	[Others]
E-Health Services	Shared Health Profile	Events Summaries	Self Managed Care	Complex Care Management
E-Health Solutions	ePathology	eDischarge	eReferral	eMedications
National Infrastructure Components	Terminology	Secure Messaging	Identifiers	Authentication

Keeping up with the PCEHR program news



National E-Health Strategy

www.health.gov.au

Public domain resources

<http://www.youtube.com/user/DeptHealthAgeing>

Email alerts – send an update your details via:

ehealthsystems@health.gov.au

General information

www.yourhealth.gov.au www.ehealthinfo.com.au

NEHTA specific information

www.nehta.gov.au

Thank you



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