

# **PCEHR and eHealth**

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# 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



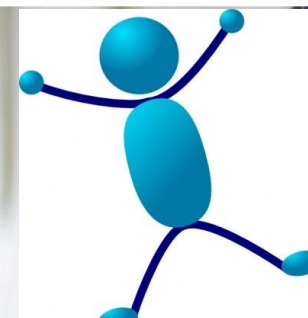
*“...What do you mean that doctors cannot send my health records electronically?”*

# NEHTA's purpose



Lead the uptake of eHealth systems of national significance; and coordinate the progression and accelerate the adoption of eHealth by delivering urgently needed integration infrastructure and standards for health information

Established and funded by the Australian, State and Territory governments



**Healthcare  
Identifiers  
Authentication  
(NASH)**

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Secure Messaging  
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eReferral  
eDischarge**

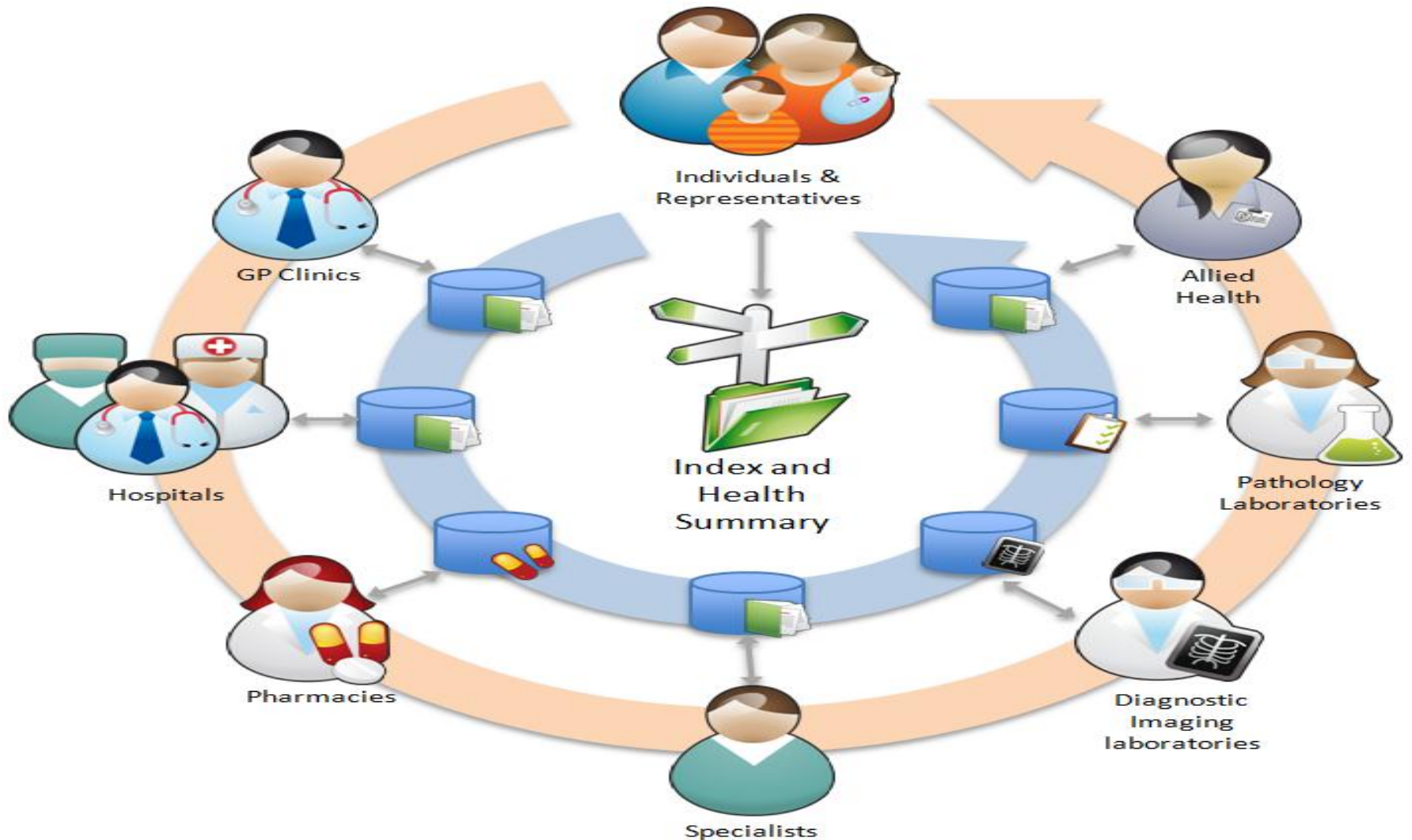
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# It's time for a PCEHR



# 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.



# Lead Site Implementations



Thank you



eHealth

nehta

National E-Health Transition Authority  
[www.nehta.gov.au](http://www.nehta.gov.au)

