

Personally Controlled Electronic Health Records (PCEHR)

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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

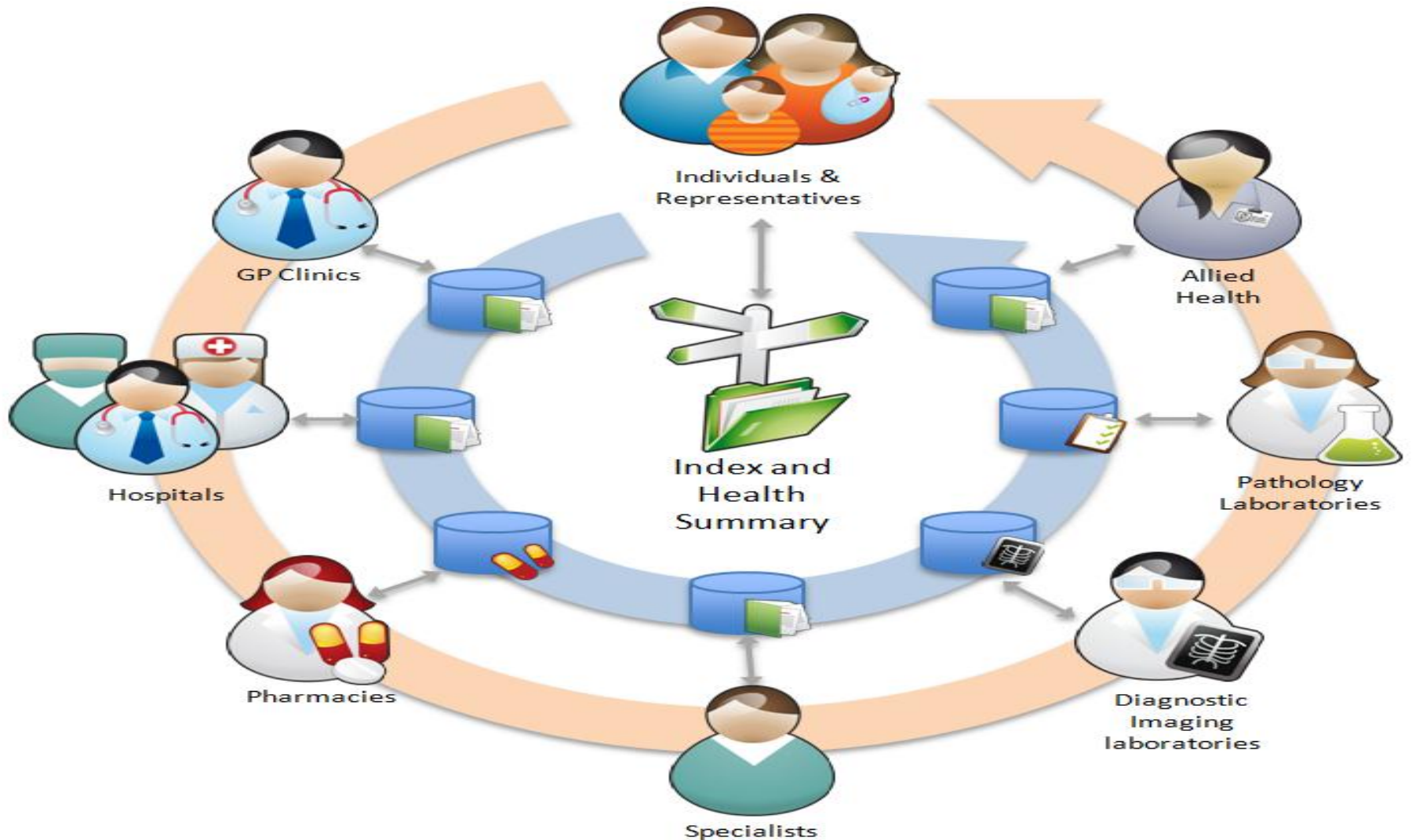
NEHTA's place in eHealth

- Increasing involvement in implementation sites
- Managing agent for PCEHR
- Support integration of eHealth
- National eHealth infrastructure



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

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 contains 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 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

Time Frame

2010-11

- Consultation with various stakeholder groups

2011-12

- Procure and Implement PCEHR System
- Develop enabling legislation
- Initiate lead sites

2012 +

- Individuals able to register from July 2012
- Longer term sector wide change and adoption program underway

Benefits



Better healthcare quality and safety – through better coordinated and more timely healthcare

Better use of time – spending less time searching for patient information

Better information sharing between providers – leading to improve decision support

Better quality information – less reliance on the individual to recall the details of their healthcare history

Benefits (cont'd)

Better coordination of care – more effective shared care or supported self managed care means better management of chronic disease and complex health problems

Better use of treatment plans – through improved compliance

Better performance of healthcare providers – through availability of benchmarking data

Better support for clinical trials – leading to more effective healthcare treatments

What do I need to do?

Gain an understanding of the intent and scope of the PCEHR

Start considering what it will mean for your practice and patient care

Discuss with your colleagues

Get involved and participate in the Public Consultation process

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:

ehhealthsystems@health.gov.au

General information

www.yourhealth.gov.au

NEHTA specific information

www.nehta.gov.au

Thank you



eHealth

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National E-Health Transition Authority
www.nehta.gov.au

