

Backing Indigenous Ability Paper

The Commonwealth Department of Health and Ageing's eHealth Branch is pleased to be able to provide feedback and information in relation to the Backing Indigenous Ability Paper, with comments as follows:

1. The use of videoconferencing in remote aboriginal communities

The Backing Indigenous Ability initiative should be aware of current technological health services available to rural and remote communities. For example the Eastern Goldfields Regional Reference Site (EGRRS) is a Broadband for Health funded demonstration reference site which was implemented to test, measure and demonstrate the benefits to healthcare providers of having high-speed, continuous, higher quality broadband using a variety of services including IP telephony and IP videoconferencing.

The project provides a Virtual Private Network (VPN) link between 20 GP practices and homes, 3 medical specialists, a major regional hospital and 4 district hospitals, 2 ACCHS, the Eastern Goldfields Medical Division of General Practice (EGDGP), 4 pharmacies, 2 aged care facilities and the rural clinical schools in Kalgoorlie and Esperance. From July 2007 this moves to a sustainable commercial model no longer dependent upon Commonwealth funds. A Final Evaluation Report is expected to be made available in August 2006.

The Department is also aware of other projects using video conferencing that have been well received by indigenous communities. For example, the Queensland Paediatric Outreach Project has been successful in providing family/community support to child patients visiting Queensland metropolitan hospitals via video conferencing.

2. Broadband for Health

Broadband for Health subsidises business-grade broadband access for Aboriginal Community Controlled Health Services (ACCHS). To date 88% of ACCHSs have signed up to this program, covering a mix of DSL, Fibre, wireless and satellite connectivity with some connected via ISDN satellite hybrids in exceptional circumstances. The Australian Government will spend \$60m over 3 years to support the uptake of broadband services in General Practices, ACCHS and community pharmacies nationwide. Funding is only available to 30 June 2007.

3. Broadband for Health Security Awareness and Conformance Report for all participants

The Broadband for Health Security Awareness and Conformance Report is a mandatory report completed by all health services that are involved in the Broadband for Health initiative. It seeks to raise awareness of secure computer management in general practice. Practices that complete the form are eligible for an additional security incentive. Consequently, this concept should be considered in relation to the 'Backing Indigenous Ability Paper' in the further incentives are provided to those agencies who are willing to further ensure secure use of technology, especially given privacy concerns in the health sector. In late 2006 this report will be adopted by the mainstream Practice Incentive Program (PIP) as Tier 1 (IM/IT) payment.

4. Managed Health Network Grants

The Managed Health Network Grants (MHNG) provide further support for eligible healthcare organisations to establish advanced broadband services with the capacity to support secure electronic messaging for HealthConnect and other eHealth activities. The funding is being made available to assist in the development of managed health networks across Australia, with funding being made available from November 2005 through to April 2007. The program has close alignment with the Connect Australia communication package, in particular the Clever Networks program. The program has three components: Seeding Grants, Development Grants and Application Service Grants. Three Seeding Grants have been awarded to ACCHS thus far; these ACCHS will now be developing business cases for wide area networks (WAN).

5. Patient Information Recall Systems program and PIRS Audit to inform WAN development

In 2004-05, the Department delivered funding of \$1.35 million to 26 organisations to implement or expand patient information and recall systems (PIRS), resulting in 76 per cent of Aboriginal and Torres Strait Islander primary health care services now using or implementing electronic health information systems. Services in remote locations with a number of satellite clinics had particular problems establishing workable PIRS. To address this problem, the Department commissioned a series of technology trials to assess the performance of PIRS applications using satellite-mediated wide-area network (WAN) environments, with key findings reported in the 2005 PIRS WAN Report (Attached).

6. HealthConnect

The HealthConnect Program was announced as a part of the 2004-05 Federal Budget under eHealth Implementation. The revised HealthConnect Implementation Strategy, launched by Minister Abbott on 2 June 2005, is being pursued by all States and Territories with the Australian Government. All States and Territories are implementing eHealth initiatives within their own jurisdictions. The original 2004-05 Budget allocation was for implementation activities in South Australia, Tasmania and the Northern Territory, with pre-implementation activities commencing in other jurisdictions. The Council of Australian Governments' (COAG) decision to explore ways to accelerate development of electronic health records has provided further impetus to the HealthConnect Implementation Strategy.

7. National E-Health Transition Authority

The National E-Health Transition Authority Limited (NEHTA) was established by all Australian governments on 5 July 2005 as a not-for-profit public company limited by guarantee to assist with the delivery of critical national E-Health priorities on behalf of all jurisdictions. NEHTA has been established to develop critical standards, infrastructure, software and systems required to support the connectivity and interoperability of electronic health information systems across Australia. NEHTA has a specific work program which has been agreed to and funded by all jurisdictions. Major activities to be undertaken by NEHTA include the development of clinical data standards, patient, provider and product directories.

The NEHTA Board is made up of the CEOs from Commonwealth, State and Territory Health Departments. COAG announced on 10 February 2006 that from February

2006, Governments will *accelerate work on national electronic health records system* to improve safety for patients and increase efficiency for health care providers by developing the capacity for health providers, with their patient's consent to communicate safely and securely with each other electronically about patients and their health. This requires:

Developing, implementing and operating systems for an **Individual Health Identifier(IHI)**, a **Healthcare Provider Identifier(HPI)** and agreed **Clinical Terminologies**; and promoting compliance with nationally-agreed standards in future government procurement related to electronic health systems and in areas of healthcare receiving government funding. The use of the IHI and HPI will be highly dependent on appropriate connectivity as services oriented architecture and web services is proposed as the national implementation model.

8. DoHA telehealth policy

The Department of Health and Ageing is currently examining its telehealth policy with a view to supporting its inclusion in delivery of health services to appropriate locations and clinical situations. The Department will take on board the information in the Backing Indigenous Ability paper, particularly in reference to providing telehealth services to Indigenous communities. Improving the ability of local communities, nurses and doctors to undertake such activities is key, as is ensuring that urban based health professionals have appropriate skills and training required to communicate with Indigenous people in this manner.