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Newsletter

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HealthConnect

A HEALTH INFORMATION NETWORK FOR ALL AUSTRALIANS



Government gives HealthConnect the green light

■ The Australian Government will provide \$128.3 million over the next four years towards the national implementation of HealthConnect.

“HealthConnect will provide secure electronic health records for patients wherever they go in the health system, providing the basis for swifter and better informed medical decisions,” said the Minister for Health and Ageing, Mr Tony Abbott.

“Health care providers will no longer have to spend time trying to track a patient’s medical history over the phone or by fax. With the consent of the patient, they will have immediate online access to that person’s health record.”

HealthConnect will also increase the information available for research. Armed with better information, policy makers and practitioners can become more responsive to the community’s health needs.

Implementation of HealthConnect will be undertaken on a state-wide basis, commencing in Tasmania and South Australia: Tasmania, because its size makes a state-wide implementation manageable and because of its existing involvement with HealthConnect and MediConnect, and South Australia, because it already has an integrated hospital information network which is a key feeder system for HealthConnect.

HealthConnect implementation in Tasmania and South Australia will be staged geographically, commencing in urban centres, at first linking key sectors such as hospitals, GPs and community pharmacies, then expanding to all parts of the health sector across each state.



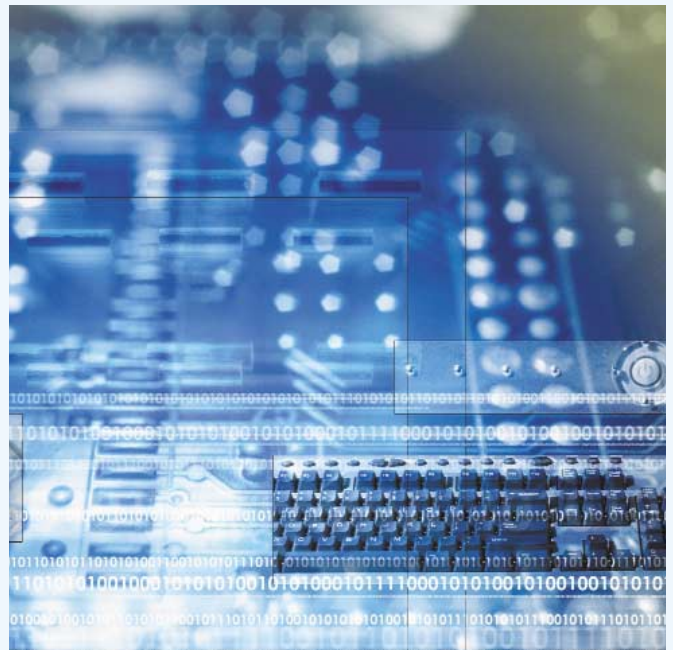
Feedback on draft Systems Architecture

■ Public information sessions were conducted across the country following the release of the draft HealthConnect Systems Architecture in September last year. Over five hundred copies of the documents were distributed to interested individuals and organisations. Thirty written submissions have been received, with a number of verbal reports filtering back through stakeholder groups.

A consultant company, DH4 Pty Ltd, has been commissioned to review the submissions and provide advice on how to deal with the issues raised including suggestions on any additional consultation activities. The report was delivered in April 2004.

The HealthConnect Stakeholder Reference Group and Board provided their final responses to the draft architecture at their recent meetings. Once this consultation process is complete the architecture will be revised and enhanced and put to the HealthConnect Board for endorsement.

The existing Business and draft Systems Architecture represent an important foundation for HealthConnect. Preparations are underway for undertaking the next cycle of architecture development, which will involve a review and enrichment of the Business Architecture. The Systems Architecture will be reworked to a depth sufficient to allow system component specifications to be produced.



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Implementation in other states and territories will be developed in consultation with state and territory governments.

HealthConnect will include the integration of MediConnect, which will form the medicines component of HealthConnect and improve management of medicines and reduce the incidence of adverse events resulting from the use of medicines.

The HealthConnect trials and the MediConnect field test will continue in their current form in the short to medium term. These trials and field test continue to provide valuable information for the design and implementation of HealthConnect.

An effective system of patient identification is essential to ensure the accurate transfer of clinical information. The current HealthConnect trials use local level identification of individuals. Investigation of identification options for the implementation phase of HealthConnect includes use of a health smartcard.

"The potential advantages of HealthConnect are clear. Patients will not need to recall intricate details of their medical history each time they see a different doctor. They will also be able to access and read their own personal health information and therefore be better informed and empowered to manage their own care," Mr Abbott said.

For further information visit the HealthConnect website at www.healthconnect.gov.au



From north to south, the trials go from strength to strength



■ The recent announcement that HealthConnect is to be implemented nationally has not affected the arrangements for the HealthConnect trials and the MediConnect field test. They will continue in their current format in the short to medium term. As work on implementation, to start in Tasmania and South Australia, gains momentum, all trials and the field test locations report good progress and provide news of new activities or plans to move on to a new stage.

News from the north is that the HealthConnect North Queensland trial is now live and operating well, while from the south we hear that the MediConnect field test in Launceston and Ballarat is about to enter a new phase.

Both consumers and health professionals are getting behind the testing of both initiatives with several locations reporting big increases in the numbers of volunteers willing to take part.

HealthConnect trial updates

North Queensland

The first consumer was recruited to the North Queensland trial in mid-December when HealthConnect functionality went live at The Townsville Hospital. Numbers have steadily increased since then and as at the beginning of May, 70 consumers are enrolled. Everyone taking part to date has enthusiastically registered and been positive in their support for the principles of HealthConnect. At this time, some 70 Queensland Health clinicians and 18 GPs in three practices are also taking part in the trial.

Trial Manager Janet Askern has recently completed a comprehensive program of visits to Queensland Health Hospitals in North Queensland to promote HealthConnect and engage clinicians at these hospitals to participate in the trial. Visits to hospitals at Mt Isa, Cairns, Mackay, Proserpine, Bowen, Ayr, Charters Towers and Palm Island indicated that clinicians are keen to be involved with a program that provides them with current clinical information for their patients who have been referred to The Townsville Hospital for elective surgery.

The HealthConnect concept of an electronic health record view/portal has been warmly received. The discharge summary, implemented within The Townsville Hospital as the key hospital event summary to be transmitted to HealthConnect, is considered to be of particular benefit. Support for hospital to hospital communication (small rural to large tertiary) is also generating great interest.

Individual guidance in using the HealthConnect system has been provided to some clinicians who have not used computer systems in their normal clinical business. HealthConnect has been shown to be easily accessed and user friendly.

Tasmania

Trial activities over the last two months have included the final delivery, testing and installation of enhancements of the Medical Director desktop software for GPs and the HealthConnect data repository, and the enrolment and training of new service providers and participants.

Phase 2 of the Tasmanian trial has been successfully implemented and provides access to a wider range of providers and allows consumers to access their own health records.

Enrolment of new participants is progressing well with 566 enrolled for Phase 2. This takes the total number of participants over 900.

Development work continues with vendors to facilitate the integration of MediConnect with HealthConnect functionality in the Tasmanian trial.





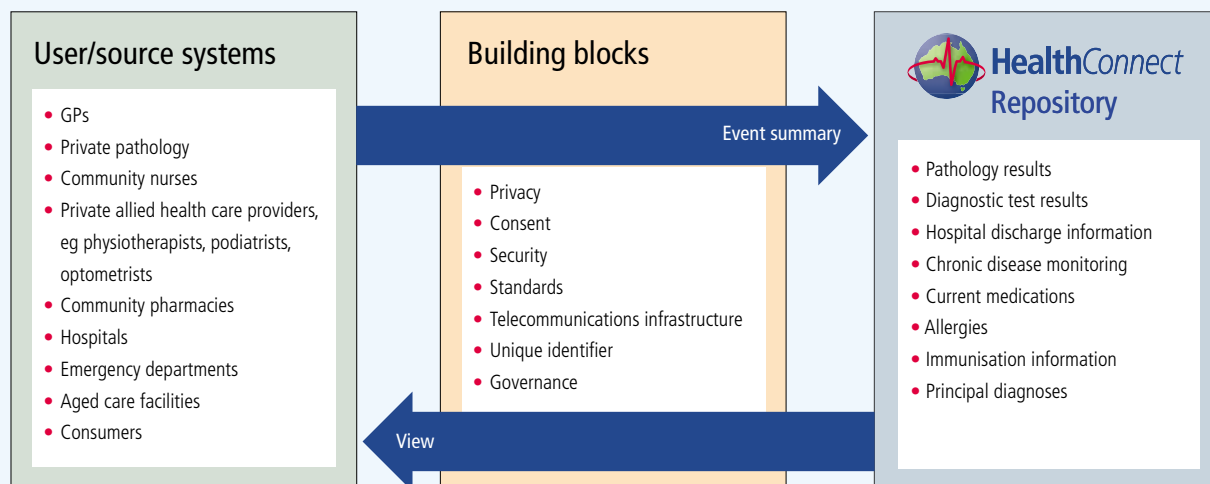
HealthConnect: the building blocks

Electronic health records have the potential to increase quality and safety in the delivery of health care and to improve outcomes for all health consumers. The ability for providers and consumers to share important health information where and when it is needed – at the point of care – depends on the necessary e-health building blocks being put in place to ensure the secure accurate transmission of information across health information networks.

This is represented diagrammatically for HealthConnect below.

The HealthConnect project is facilitating the development of these key components required not only for HealthConnect, but the broader e-health agenda. Featured here is progress on the following building blocks:

- *openEHR*;
- medicines database;
- privacy; and
- event summaries.



EHR architecture and interoperability – evaluating *openEHR*

A key building block for electronic health record systems is the underlying record architecture, the way in which health information is structured, stored and exchanged to enable 'semantic interoperability', or in other words, the meaningful sharing of clinical data.

Electronic health record (EHR) systems such as HealthConnect need to ensure that clinical information (via event summaries) is provided from source systems, and then later interpreted in a consistent way. And because clinical knowledge and care evolves over time, the EHR architecture must enable 'future proofing', to support the consistent interpretation and analysis of clinical information over time.

Considerable work is underway on the development of international standards for the representation of clinical data for use in EHRs. A key focus of this work is the further development of the *openEHR* architecture and its convergence with key health informatics standards, including the family of Health Level Seven (HL7) standards and the CEN European EHR standards. Australia has developed considerable expertise and experience in this field, and is providing leadership in this important work.

The *openEHR* architecture will be used in the development of the software to support the Brisbane Southside HealthConnect trial, which is a HealthConnect project funded by

Queensland Health, the Department of Health and Ageing and the General Practice Computing Group. This will provide an opportunity to explore its application for HealthConnect, and more broadly, for e-health interoperability.

The Brisbane Southside HealthConnect trial will focus on supporting the management of an adult population with diabetes, and will facilitate the sharing of clinical information amongst members of care teams, including general practitioners, specialists, and hospital and public and private allied health providers. Consumer participants will be able to view their HealthConnect records online.

New medicines database to be in place this year

■ The new Australian Catalogue of Medicines (ACOM) is expected to be used for the first time within e-health trials such as *MediConnect* and *HealthConnect*. Supporting the quality use of medicines, the catalogue will provide a central source of medicines information to a wide range of users.

ACOM will help provide:

- more accurate electronic transmission of prescription data;
- enhanced quality and efficiency of clinical decision support systems;
- better data analysis for research and health care administration; and
- greater efficiencies in the pharmaceutical product supply chain.

"The development and implementation of the new Australian Catalogue of Medicines database is a welcomed investment in Australia's National Strategy for the Quality Use of Medicines", said Dr John Aloizos AM, Chair, Australian Pharmaceutical Advisory Council (APAC).

"It will play an important role in linking e-health systems such as *HealthConnect* and

MediConnect across the entire health system. Development of the catalogue will also fast-track the efficient access to medicines information and the integration of electronic decision support systems, electronic prescribing and messaging, adverse medicines events monitoring and hospital-community medication management," he said.

In December last year, the Department of Health and Ageing entered into a contract with EAN Australia to build and host the new central database for medicines information. The development and implementation of the catalogue is expected to be completed over the next 12 months. The first phase will allow pharmaceutical suppliers access to the catalogue to enter and verify their product information from mid-2004.

Within the catalogue, each medicine will have its own unique identifying code. This code will help ensure that the many electronic health systems being used by doctors, pharmacists and hospitals are all referring to the same medicine. This has the potential to reduce adverse events associated with the use of medicines.

More information is available at the Technical section on the *MediConnect* website at www.medicconnect.gov.au/technical/coding.htm or email ACOM@health.gov.au



Left to right: Mr Mark Fuller, Executive General Manager of EAN Australia, Ms Maria Palazzolo, Chief Executive Officer of EAN Australia, and Dr Robert Wooding, First Assistant Secretary, Information and Communications Division, Australian Government Department of Health and Ageing

All information stored in ACOM will be submitted to a comprehensive quality assurance process to meet stringent standards of accuracy.

The Department has received support from Medicines Australia, Australian Self-Medication Industry and Generic Medicines Industry Association, to ensure that any concerns or issues raised by industry are identified. These organisations, along with EAN Australia and the Department, will be hosting a supplier forum in May with the purpose of providing suppliers with an overview of the project and to offer an opportunity for questions and issues to be addressed.

The National Health Privacy Code a step closer

Health Ministers at the Australian Health Ministers' Conference (AHMC) in November last year agreed to refer the proposed National Health Privacy Code (the Code) and implementation options to the States and Territories for consideration. It is anticipated that Health Ministers will present the views of jurisdictions on the proposed Code and implementation options at a meeting of AHMC in 2004.

In the lead up to this meeting the National Health Privacy Working Group is developing the mandatory guidelines for the proposed

Code which will also be presented to Health Ministers.

If implemented, the proposed National Health Privacy Code will provide a set of health privacy principles that would apply to the collection, use, disclosure and storage of personal health information held in both the public and private sectors across Australia.

A copy of the proposed Code is available on the Australian Government Department of Health and Ageing's web site at www.health.gov.au



First event summaries nearing delivery

■ The Clinical Information Project is expecting to deliver five priority event summaries at the end of June 2004. The initial health profile, GP consultation, hospital discharge summary, pathology and imaging event summaries have been identified as immediate priorities, with the hospital discharge summary being eagerly awaited by clinicians.

Key stakeholders identified these five event summaries as priorities during the consultation process undertaken by the Clinical Information Project, and also by the HealthConnect trials.

Event summaries are a core component of the HealthConnect concept. These summaries provide an electronic overview of a health care event, such as a visit to a general practitioner or hospital. They contain information relevant to the health and care of consumers, rather than every detail collected during a consultation or hospital stay. Event summaries form the basis of the electronic health record.

The Clinical Information Project (CIP) was established to develop this key building block, and while the project focus is on defining the clinical information content of shared electronic health records (EHR), it also links with, and contributes to, other HealthConnect

activities. These include in particular stakeholder engagement, system architecture development and the HealthConnect trials.

The project has three major components:

- a framework and model for clinical information capture and representation for HealthConnect;
- prototype event summaries (inputs into the EHR), lists and views (outputs from the EHR) for HealthConnect; and
- a specification for a national standard hospital discharge summary.

These project components are represented in the diagram below.

While the project will scope information required as part of the longer term development of HealthConnect, its current focus is on the development of prototype event summaries, lists and views. Development of the five event summaries already identified as immediate priorities is nearing completion.

Phase 1 of the project focuses on the development of a framework for the capture, storage, representation and use of clinical information to underpin electronic health information interchange. The framework is also being developed to facilitate semantic interoperability of clinical information across the Australian health system (ie, transmission of data such that it is always interpreted as

having the same meaning, irrespective of the system(s) used to provide or access the data).

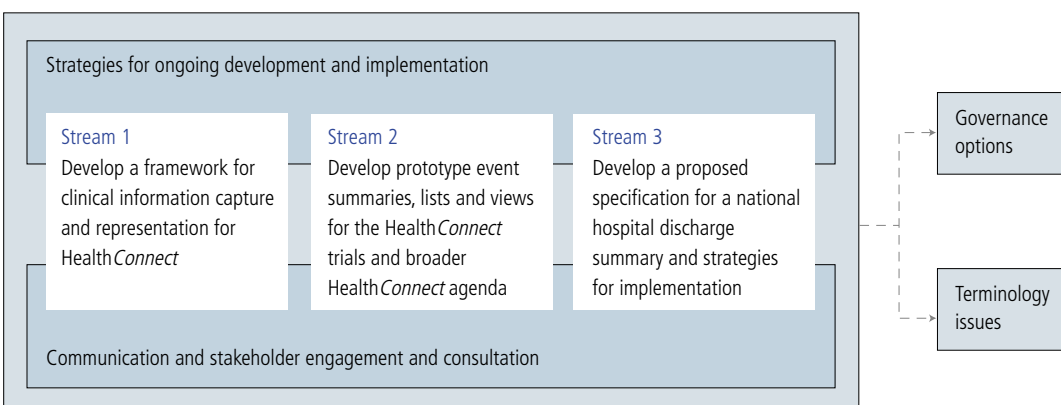
To reflect the role of the CIP for the broader clinical information interchange agenda, the project is one of the portfolio of National InfoStructure Development activities. The National InfoStructure Development Unit is administered by the Health Information Policy Branch, Australian Government Department of Health and Ageing.

The CIP is collaborating with the Australian Institute of Health and Welfare and other terminology/standards groups to submit clinical data elements for consideration by the Health Data Standards Committee for inclusion in the National Health Data Dictionary, in June 2004.



Further information about the Clinical Information Project is available from the Project Manager, Frida Cheok (pictured), email Frida.Cheok@dhs.sa.gov.au

For information about the work of the National Infostructure Development Unit, email David Rowlands at David.Rowlands@health.qld.gov.au





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From north to south, the trials go from strength to strength

Northern Territory

During the wet season which ended recently, access to remote communities in the Katherine area was restricted, but in spite of this, the Northern Territory HealthConnect trial officers were busy. During this time, contact and support for service providers and community members was maintained by phone and email. However, the trial officers visited Katherine Hospital and various town communities to promote HealthConnect, and provided training to service providers and consumers.

Now that the dry season has started, project officers are beginning to visit remote communities for promotion of HealthConnect and to recruit consumers to the trial.

Work has been completed by software vendors to further enhance desktop systems used by health service providers to interact with the HealthConnect repository. These enhancements include automated flags that identify consumers participating in HealthConnect.

John Fletcher has recently been appointed Trial Manager for the Northern Territory trial. He took up his appointment on 10 May 2004.

NSW Health EHR*Net

Implementation in the Maitland/Raymond Terrace region and Western Sydney is expected to commence in late 2004. A tender process for the implementation is proceeding.

Market research is currently underway to test a number of suggested names for EHR*Net with consumer focus groups. NSW has also agreed that the project will be co-badged as the New South Wales HealthConnect trial.

A tender process for the EHR*Net evaluation is also underway.



Brisbane Southside

The Brisbane Southside HealthConnect trial will focus on supporting the management of an adult population with diabetes, and will facilitate the sharing of clinical information amongst members of care teams, including general practitioners, specialists and hospital and public and private allied health providers.

Development of the *openEHR* software by Distributed Systems Technology Centre (DSTC) is on schedule. It is anticipated that the first release of the software (for GPs and clinics) will be completed and ready for use by November 2004.

The trial is expected to be fully operational in late 2004 and will be located within the geographical boundaries of the Brisbane Inner South and Brisbane South Divisions of General Practice. It is hoped that approximately 1000 adults with diabetes living within this area will take part in the trial. Providers and consumers will be recruited for the trial towards the end of 2004.

Queensland Health is in the process of recruiting a Trial Manager.





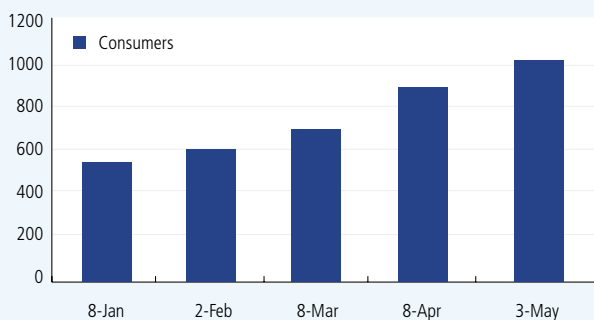
MediConnect field test update

- Numbers of consumers participating in the MediConnect field test in both Launceston and Ballarat are steadily increasing – to a total of over 1000. More doctors and pharmacists have also registered to take part, with more to begin their participation over the next few weeks.

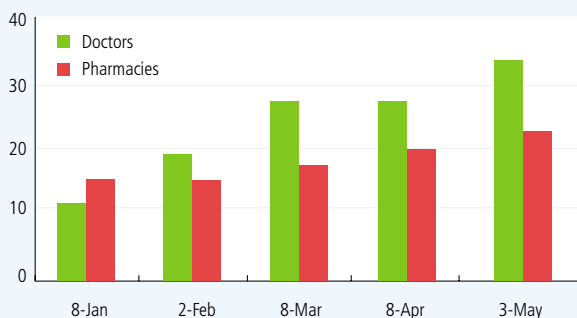
Planning for Phase 2 of the field test is now underway in Launceston and Ballarat. Implementation is expected to take place in June. This phase will involve testing a range of additional MediConnect features, including hospital care team participation via a read-only web browser, the addition of over-the-counter and complementary medicines to consumers' records and the option for consumers to use a keyword to give their record extra protection.

Phase 2 will commence when the software used by participating doctors and pharmacists has completed a rigorous testing process and training has been provided to all who use MediConnect.

MediConnect consumer registrations



MediConnect doctor and pharmacy registrations



Clinical Information Project Phase 1 Report – seeking public comment...

- Stakeholders, health informatics experts and others interested in the clinical information content of shared electronic health records have the opportunity to comment on the Clinical Information Project Phase 1 Report.

The report has just been released and is available now on the HealthConnect website at www.healthconnect.gov.au

Have your say...

You can take part in the consultation process to feed into further development of the clinical content for HealthConnect. Provide your feedback and also complete a series of surveys online to further develop and help finalise the detailed clinical information content (data elements) and possible value domains (codesets). Most surveys will take only 2 to 4 minutes to complete. Closing date for comment is 30 July 2004.

Phase 1 of the Clinical Information Project (CIP) was conducted during the period October 2002 to February 2004, and focused on the development of a framework for the capture, storage, representation and use of clinical information to underpin electronic information interchange.

CIP Phase 2 is working on further developing technical design and finalising some of the Phase 1 work. This includes high priority Event Summaries, Hospital to GP Discharge Summary, data elements for EHR Lists, specification of the Health Information Model (HIM) Concepts, Health Event Summary header data elements, framework for EHR Lists and Views and samples of Primary View and Health Profile View. Phase 2 is due for completion at the end of June 2004.

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