Lessons Learned from the MediConnect Field Test and HealthConnect Trials

April 2005

HealthConnect
A HEALTH INFORMATION NETWORK FOR ALL AUSTRALIANS

MediConnect
linking medicines information

A JOINT AUSTRALIAN GOVERNMENT AND STATE AND TERRITORY GOVERNMENTS INITIATIVE

AN AUSTRALIAN GOVERNMENT INITIATIVE

ISBN: 0 642 82693 5

Publication approval number: 3660 (JN9045)

Contents

1 Executive Summary

The Medi*Connect* Field Test and the four Health*Connect* trials were conducted across a range of settings, geographical and target groups, using different technical models, varying approaches to engaging participants, providing local level support to providers and consumers and employing different evaluation frameworks.

The Northern Territory Health*Connect* trial extended over a huge geographical area around Katherine involving a mobile Indigenous population. The Tasmanian Health*Connect* trial centred on Hobart and focussed on diabetes management involving a broad range of health care providers. The Medi*Connect* Field Test involved the sharing of medicines information for over 3,000 consumers in two areas, Ballarat and Launceston. The North Queensland trial involved the sharing of information around an episode of elective surgery at the Townsville Hospital and the secure exchange of information with GPs.

The two years of field testing Medi*Connect* and trialling Health*Connect* have provided many lessons to inform and guide the national implementation of Health*Connect*. These lessons are derived from the extensive evaluation activity, the experience of trial management committees and teams in each of the trials and the Field Test and related research activity. As part of the formative approach to informing trial management, around 30 independent evaluation reports (many unpublished interim or specific issue reports) have been produced. The lessons learned documented in these reports are brought together in this overarching 'Lessons Learned Report'.

The major lessons learned have been brought together under the high level categories of feasibility, registration, consent, and business case.

This evaluation report is based on the evaluation framework for the Medi*Connect* Field Test and Health*Connect* trials and the Health*Connect* Business Architecture Version 1.9. The revised Health*Connect* Implementation Strategy evolved at the end of the Field Test and trials and therefore some of the findings will need to be applied to the new implementation approach outlined in the revised Implementation Strategy.

1.1 Feasibility

1. An electronic health record system is technically feasible, but the underlying infrastructure and connectivity, including the availability of clinical information systems particularly in hospital, access at the point of care and network and communications infrastructure limited the success of most trials and will be critical to the successful implementation of Health*Connect*; and

2. Whilst community pharmacists and general practitioners are currently better positioned technically to move towards shared electronic health records than hospitals, specialists and other private providers, there will be huge change management and business process challenges for all.

1.2 Identification and Registration

3. To enable the sharing of information between providers, it will be necessary to uniquely identify a person and their health information at each point of care and to identify them as participants in Health*Connect*;

4. Smartcards were supported in a trial with a limited population. Special additional requirements may need to be taken into account for identifying Indigenous Australians;

5. While the full process of consumer registration is too time consuming for most health care providers, the trust between consumers and their regular health care providers means that consumers will be strongly influenced in their decision to participate in Health*Connect* by the attitude of their health care providers;

6. Short and succinct information for consumers should be provided before registration, with further information available to those seeking it; and

7. An Initial Health Profile with key clinical information should be established by health care providers at the time of registration or shortly thereafter, and the task needs to be appropriately resourced.

1.3 Consent

8. It is important to keep consent simple. Consumers and providers preferred 'opt-in' to participate. The majority of consumers and providers preferred standing or ongoing consent to nominated providers, and blanket consent to all providers is also a popular option for many consumers. However, some consumers may not be sufficiently comfortable to participate, even with the most stringent consent and access control mechanisms in place;

9. The most popular consent model for both consumers and providers was for the provider to assume consent unless the consumer says 'no'; and

10. Most providers were concerned about the completeness of the record if consumers withhold information.

1.4 Business Case and Change Management

11. A critical mass of consumers and providers is needed to deliver benefits efficiently. It is important to complete the care chain wherever possible – gaps in the electronic health record reduce the provider's perceptions of the utility of the record;

12. The key to provider participation will be demonstrable benefits and the seamless interaction with Health*Connect* (such as the creation of event summaries) through

integration with their normal business processes. The use of their own clinical information system is preferred over a separate web interface into Health*Connect*;

13. The provision of a mechanism whereby health care providers without a clinical information system (such as, specialists or allied health providers) can participate in Health*Connect* can benefit consumers and providers;

14. Providers potentially will derive value from the notification of significant clinical events and from access to new and timely clinically relevant information to support their decision making;

15. Where Health*Connect* meets an existing business need, provider engagement and change management is significantly easier;

16. Successfully engaging providers and the provision of effective change management to enable them to implement Health*Connect* is a critical success factor. Clinical champions and the Divisions of General Practice are key change management facilitators; and

17. Health*Connect* can empower consumers and provide them with a greater understanding of their own health care and awareness of the health system. Consumers also see significant benefit in their record being available in an emergency, and would expect this to happen automatically.

1.5 Governance and Stakeholder Management

18. There is a need to effectively engage stakeholder groups at both national and local levels that will facilitate strong governance and engagement with Health*Connect*;

19. The roles of funder and stakeholder need to be separated in the governance arrangements; and

20. Early and ongoing vendor engagement is required to test, deliver and maintain Health*Connect* functionality.