Rural eHealth

The usual mix of the good, the bad and the inevitable cock ups?

Presented by
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Agenda

- Current eHealth Environment and is it ripe for PCEHRS, IEHRs, SEHRs?
- Implementations - the good, and so on....
- Some ideas about how to get it right
Issues Surrounding Coordination of Care

• Multiple providers
• Various locations
• Use of multiple clinical systems, acronymns abound!
Deloitte eHealth Strategy 2008

NHHRC Report 2009

Greater efficiencies in delivery of medical services to patients

$467m - How much to Rural and remote areas
Shared Electronic Health Records

- Indigenous health
- Remote & Rural health
- Aged care
- Chronic disease

Ideal!
Increased transparency of data for patients and providers

"Empowered patients are Happy patients"

-Unknown
Current Problems

• Maintaining a vision of what the technology is intended to improve

• Implementation of new processes, usually not a green fields site so plenty of legacy systems to consider

• Requiring a workforce already under pressure to make time to adopt new process
Solution

Why is the use of a Shared EHR so vital to eHealth in the bush?

Has it’s adoption been properly considered?

• A clear and sustainable business model eg look not just at Government for funding

• Widespread acceptance and uptake with an organic approach and some early wins

• Build on existing proven systems with a standard compliant and interoperable architecture. Get buy in early rom end users
Conclusion

• Honestly explore the benefits & adopt realistic objectives. Make a business case not a funding proposal. Chevrons don’t work!

• The cost- make sure you allocate appropriate staff and training

• Build on existing success and standards compliant technology

Shared Electronic Health Records - a realistic objective for clinicians practicing in the bush
"You mean there was no deep fat? No steak or cream pies or... Hot fudge?"

"Those were thought to be unhealthy... Precisely the opposite of what we know to be true."

Quote from Woody Allen's movie *The Sleeper*