

National Health and Hospital Reform Commission Brings Digital Imaging Into Focus



Dr Ron Shnier, President of ADIA, discusses the NHHRC Report and the implications for the diagnostic imaging sector.

Dr Ron Shnier - President - ADIA

eHealth has been given a new focus with the release of the Final Report of the National Health and Hospital Reform Commission (NHHRC). The Commission's 300 page report identifies three reform goals for our healthcare system:

1. Tackling major access and equity issues that affect health outcomes for people now
2. Redesigning our health system so that it is better positioned to respond to emerging challenges
3. Creating an agile and self-improving health system for long-term sustainability.

In support of the third goal, the Commission recommends a 'transforming' e-health agenda aimed at improving the quality, safety and efficiency of health care. A common thread throughout the Report is the empowerment of the individual to maintain their own wellness—prevention rather than cure. The Commission's Chair, Dr Christine Bennett, stated that "an electronic health record is arguably the single most important enabler of truly person-centred care".

This is not an issue that is just occupying time and effort in Australia. Nearly all OECD countries have recognised that any restructuring of healthcare must include universal electronic medical records so that patient care and policy decisions are fully informed.

In the US, this is particularly true as the current global financial crisis has transformed the problem of rising healthcare costs into a dire threat to the entire economy, making healthcare reform an increasingly urgent priority. President Obama went so far as to make a public commitment to electronic medical records within his economic recovery plan.

Nor is it a new idea—there has already been considerable investment in incentives to drive eHealth, plus the work undertaken by the National E-Health Transition Authority (NEHTA), and the commitment to a national broadband and telecommunications network.

Australia has come a long way in the eHealth journey. In the late 1990s, only 31 per cent of GP practices had computers and they were virtually non-existent for medical specialists. However, with the introduction of the Practice Incentive Payments there has been a dramatic improvement in these numbers, with 91 per cent of GP practices now IT enabled. Data provided by NEHTA shows that 84 per cent use PCs for prescribing, 71 per cent use IT to maintain medical records, and many have shifted to printed pathology request forms.

Most pathology results are now sent electronically, however there is a much lower IT enabled document exchange among most other areas of the healthcare sector. This leads to a number of issues for providers, including being forced to work with incomplete and fragmented patient information, which inevitably leads to duplication of tests and procedures. Furthermore, NEHTA estimates the average clinician spends 25 per cent of their time trying to find or collect patient information!

The NHHRC Report made specific reference to diagnostic imaging (DI) when recommending that MBS payments be tied to the ability of healthcare providers to send and receive data in a format that would support an electronic health record. For DI and pathology providers, they recommend a July 2012 deadline.

There is no doubt that the quality and safety of healthcare would be improved if healthcare providers had immediate access to a patient's complete medical history. Efficiency would also be improved—and costs reduced—through the elimination of duplicate tests and imaging procedures. Just the ability to share information electronically in a timely and secure manner between providers would be a huge improvement.

There are, however, a number of issues that must be resolved before the DI sector can be fully IT enabled. NEHTA, in close collaboration with ADIA, the College and the broader healthcare sector, has commenced work on these issues, including national standards for hardware and software (to ensure interoperability), standards for storing and archiving of images, consistency of terminology and the role of decision support tools in the context of e-referrals. ADIA also recently released its *Code of Practice for the Provision of Digital Diagnostic Images* and was a member, with the College, of the Royal Australasian College of Surgeons' Working Party, which developed guidelines on the delivery of, access to and viewing of digital images.

There are also significant challenges to overcome. There are constraints with respect to the IT itself regarding interoperability within and between the public and private sectors. There is some industry resistance to change, particularly in the face of other pressures to be faced—namely the viability of the sector—and there are policy issues acting as barriers, particularly in terms of patient privacy. Finally, there's the funding issue. For the DI sector to meet the NHHRC's goals by 2012 will be extremely costly. While the benefits to providers, referrers, and more importantly, patients, are well recognised, the funding element must be addressed if the whole sector is to come on board in less than three years.

