Submission to the Australian Digital Health Agency:
April 2018

SAFE, SEAMLESS AND SECURE
FRAMEWORK FOR ACTION

The Australasian College for Emergency Medicine (ACEM) welcomes the opportunity to provide its submission to the Australian Digital Health Agency's (the Agency) consultation draft *Safe, Seamless and Secure – Framework for Action* (the Framework)*.* ACEM has been actively involved in previous consultation initiatives undertaken by the Agency to develop a digital health framework.

ACEM is a not-for-profit organisation responsible for the training and ongoing education of emergency physicians, and for the advancement of professional standards in emergency medicine, in Australia and New Zealand. As the peak professional organisation for emergency medicine, ACEM has a vital interest in ensuring the highest standards of emergency medical care are maintained for all patients.

ACEM recognises that eHealth systems and processes have the capability to improve information transfer and organisational efficiency in emergency departments (EDs) and across the broader hospital, which may reduce hospitalisations and emergency visits.[1] Furthermore, ACEM also considers that transitioning to digital e-health systems and processes requires an open and flexible policy approach that encourages innovation and enables stakeholders to act on opportunities made available through such adoption and use.[2] The strategic priorities outlined in the Framework have the capacity to achieve these requirements.

The public should have greater control over their health and care – and this also applies in the digital space. The ability for hospital EDs to coordinate with primary health care providers through using a digital health record is valuable, and offers the potential to improve the continuity and quality of patient care as well as improving efficiency of health care delivery.[3] However, generating support for the *My Health Record* remains a key challenge, with all age groups listed well below 50% of consumers registered across all age ranges.[4] ACEM considers that without sufficient uptake and maintenance of online records by patients, and healthcare professionals alike, the effectiveness of the *My Health Record* system is diminished for other healthcare professionals who may wish to access information.

---

[1] Keasberry, J et al. 2017. *Going digital: a narrative overview of the clinical and organisational impacts of eHealth technologies in hospital practice*. Australian Health Review

[2] Eden, R et al 2017. *The impacts of eHealth upon hospital practice: synthesis of the current literature*

[3] Murugabalaji K Mohan, Rod O'Bishop and James L Mallows, "Effect on an electronic medical record information system on emergency department performance," *Medical Journal of Australia*

[4] Australian Digital Health Agency, 2018. *My Health Record Statistics.* Australian Government, Canberra.

Feedback from ACEM Members is clear – if this significantly improves, Members agree that this will generate a pool of aggregated data that will provide avenues for system improvements. Similar to data made available through the Australian Institute for Health and Welfare, de-identified data stemming from an interoperable and well maintained resource will provide a wealth of information to assist in research activities, that will lead to improvements in the quality of patient care. This includes:

- Better access to information for individual care;
- Better care for groups of patients, for example across geographical locations or clinical need; and
- Developing new models of care based on the information gained from the points above.

ACEM notes that an emergency department *My Health Record* pilot project was announced in November 2017.[5] ACEM considers that key to the success of this pilot will be adequate uptake of My Health Record by consumers and practitioners alike. In addition to improved access to clinical information for emergency department care, this pilot has the potential to establish improved access to emergency care information for primary care practitioners and to develop an understanding of the potential for system-level improvement by better use of this data at an aggregated level.

ACEM recommends that eHealth systems must be appropriately integrated into existing hospital information technology systems, in order to achieve real value for patients and physicians. Achieving this would involve investments in technology to replace existing outdated ED information systems, as well as the ability to upload important information such as medication history, advance health directives, enduring power of attorney legal documentation and acute resuscitation plans.

ACEM looks forward to continuing to work with the Agency in the implementation of the Framework. The Agency must continue to ensure that clinical expertise is incorporated into any systems-based approaches, and in order to provide maximal benefit to patients and clinicians. If you require any clarification or further information, please do not hesitate to contact the ACEM Policy Officer Lee Moskwa on (03) 9320 0444 or lee.moskwa@acem.org.au.

Yours sincerely,

Dr Simon Judkins
President
Australasian College for Emergency Medicine

---

[5] Australian Digital Health Agency, 2017. *My Health Record is headed to Emergency Departments*. Australian Government, Canberra.