

Submission: General Practice Data and Electronic Clinical Decision Support

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About ACCPA

The Aged and Community Care Providers Association (ACCPA) is a national Industry Association for aged care providers offering retirement living, seniors housing, residential care, home care, community care and related services.

ACCPA exists to unite aged care providers under a shared vision to enhance the wellbeing of older Australians through a high performing, trusted and sustainable aged care sector. We support our members to provide high quality care and services while amplifying their views and opinions through an authoritative and comprehensive voice to the government, community, and media.

Our sector serves to make better lives for older Australians, and so do we.

Introduction

For older people receiving aged care, timely access to GPs is a cornerstone of meeting their essential complex healthcare needs.¹ When access to GP care is inadequate (or fragmented), health outcomes are poorer and there are increased visits to hospital emergency departments. People in RACFs aged 65 years and above account for nearly 9% of hospital admissions, despite representing only 4% of this age group².

While ACCPA acknowledges that there is a need to better utilise general practice data and electronic clinical decision support (eCDS) to improve quality of care and health system interoperability across primary healthcare settings. It is important to also note that many aged care recipients find it difficult to access timely GP care.

Currently, there is a significant range of barriers facing GPs who care for residents in residential aged care facilities (RACFs). Barriers include inadequate remuneration, time constraints impacting on attendance at RACFs, GP out of hours workload, and lack of interoperability of systems between general practice and RACFs.^{3,4,5} These barriers have led to a situation where fewer GPs are prepared to visit facilities⁶, causing a critical shortage of GP services within some facilities. This also means incomplete collection of general practice data as they relate to older people in RACFs. Such issues need to be addressed and should be acknowledged in this consultation process.

ACCPA agrees, however, that greater use of the data held within general practice, when it is of good quality and appropriately de-identified and aggregated, can significantly benefit the planning and design of health programs. For aged care, this means being able to identify clients' health care needs and service gaps to inform the development of care plans, and which will support continuous improvement of clinical assessments/workflows. However, aged care providers/recipients need to trust that appropriate governance measures are in place to ensure personal information is protected and that their data is used to enhance patient care and the public good and not for commercial purpose.

¹ Burgess et al (2015) General practice and residential aged care: A qualitative study of barriers to access to care and the role of remuneration. AMJ 2015; 8(5):161–169.

² Reed, R.L. (2015) Models of GP services in aged care facilities AFP Vol.44, No.4, April 2015.

³ Iannuzzi, A. (2019) Why GPs don't visit nursing homes. MJA Insight <https://insightplus.mja.com.au/2019/11/why-gps-dont-visit-nursing-homes/>

⁴ Burges et al (2015) Op Cit.

⁵ Sefton, C. and Battye, K. (2019) Getting GPs into residential aged care: time to rethink on remuneration model? 15th National Rural Health Conference.

⁶ AMA (2017) AMA aged care survey <https://ama.com.au/article/2017-ama-aged-care-survey>

ACCPA's Recommendations

- R1.** Provide financial support/grant funding to enable aged care providers build capacity/infrastructure to integrate digital technologies.
- R2.** Support and incentivise general practices to share data.
- R3.** Build My Health Record capability (including incorporation of aged care transfer summary to support transition of care) to enhance support for older people receiving aged care, including in-home support.
- R4.** Build a genuinely interoperable healthcare system via the adoption of consistent national interoperability requirements that facilitate the elimination of the current silos and reduce inefficiencies.
- R5.** Align Standards for general practice data sharing with the Government Provider Management System and aged care National Minimum Dataset.
- R6.** Establish mandatory standards for data sharing and exchange in a secure and interoperable environment.
- R7.** Harmonise legislative instruments between jurisdictions as they relate to data access, availability, and interoperability, to support greater use of general practice data.
- R8.** Ensure that clinical autonomy of medical practitioners is retained by putting in place an over-ride mechanism within the eCDS.
- R9.** Utilise a collaborative approach (Option 2) to set up a self-regulation process(es), standards and governance to support greater use of general practice data and eCDS.

1. General Practice Data

ACCPA notes that the current processes of sharing and accessing general practice data, are complex, disjointed, and inconsistent and that there is need to improve clarity for stakeholders including consumers, GPs and secondary data users on how health information is being kept confidential and secure. This is particularly important in an environment of more frequent and sophisticated cyber-attacks where the risk of data breach is high, as reflected in the recent Medibank Private data breach in which 9.7 million Australians had their data hacked and loaded up into the dark web.

Importantly, the lack of interoperability between systems used by RACFs and GPs is a key issue that needs to be addressed. Having an integrated online client record system that facilitates shared clinical care information exchange between the information management systems of a resident's usual GP and the RACF will enable continuity of care and lead to improved health outcomes for residents.

For aged care providers this also means system upgrades, but many aged care providers (especially the small providers) do not have the means to build capacity to support such system upgrades. In this policy environment and where more than 70% of aged care providers currently operating at a loss⁷, financial support/grant funding should be provided. This would enable aged care providers to build capacity/infrastructure to integrate digital technologies and train staff in the use of this proposed new integrated system.

ACCPA concurs with the identified policy problems in the discussion paper as they relate to data sharing and consent; data quality, comparability and linkages; and data governance, oversight and coordination. ACCPA also supports the five policy objectives that should underpin general practice data sharing, which include:

1. Enable general practices to share general practice data to realise and share benefits, including enhanced consumer safety, quality of care and health outcomes.
2. Ensure general practice data is available into the future to support GPs, aged care, PHNs, health professionals, researchers and other health system actors to efficiently and effectively carry out their respective roles and participate in continuous quality improvement at individual practice, regional, jurisdictional and national health system levels.
3. Develop a consistent approach to access, collection and management of general practice data in Australia in line with whole-of-government approaches, including consumer consent practices and privacy preserving practices such as de-identification and aggregation of personal information.
4. Ensure that the sharing of general practice data is safe, secure, timely and not inhibited by incompatibility of systems, access costs or variations across jurisdictions and health settings.
5. Drive continuous improvement and standardisation of the quality of general practice data to ensure comparability with other health data at the point of care and robustness for secondary use.

⁷StewartBrown Aged Care Financial Performance Report https://www.stewartbrown.com.au/images/documents/StewartBrown_-_Aged_Care_Financial_Performance_Survey_Sector_Report_September_2022.pdf

Recommendation:

R1. Provide financial support/grant funding to enable aged care providers build capacity/infrastructure to integrate digital technologies.

1.1 Data sharing and consent

ACCPA agrees with the statement about the lack of clear and agreed rules and standards around the collection and secure sharing of general practice data noting that data sharing depends on private companies allowing access to data, the data required for public good purposes is not consistently being shared, the lack of clarity regarding consent and privacy requirements, and stakeholders have differing views on their rights to store, share and use general practice data.

Currently, and as noted, the ability to access general practice data hinges on four stakeholder groups: consumers who provide the data (and consent), GPs who enter it in practice management software (PMSs) and stored in local server, the general practices who legally own the data and the PMS companies who store it.

This means, the movement of general practice data to the cloud to support data sharing will shift control of data access from general practices (who view patients' data as their intellectual properties) to PMS companies. In this context, ACCPA believe general practices should be supported to share data, with incentives to encourage participation in sharing/allowing access to patients' data.

With regard to a lack of clarity regarding privacy and consent requirements, ACCPA believes it is vital that:

- measures be put in place to minimise de-identified patient data being re-identified;
- explicit patient consent is obtained for the sharing of health information pertaining to the patient's care;
- members of the patient's multidisciplinary healthcare team understand what data is being extracted, who it is to be shared with, and how it is to be utilised; and
- accountability measures are in place in the event of breach of the terms of use of patients' data.

Additionally, and with only about 3% of RACFs currently registered to use My Health Record (MHR)⁸, ACCPA believes the MHR is yet to reach/fulfill its potential. Further evolving/enhancing the MHR so that engagement with it is seamless for clinicians and aged care providers and the information within actively supports them with caring for the patient/residents is essential. For aged care this also means the incorporation of the aged care transfer summaries to support transition of care and the expansion of the MHR to allied health professionals and home care. Ideally the use of the MHR would not disrupt the clinical flow of care but instead support it.

Recommendations:

R2. Support and incentivise general practices to share data.

⁸ Aged Care Industry Information Technology Council

R3. Build My Health Record capability (including incorporation of aged care transfer summary to support transition of care) to enhance support for older people receiving aged care, including in-home support.

1.2 Data quality, comparability, and linkage

For the aged care sector, the lack of software interoperability is a key concern and could negatively impact the potential of technology in streamlining the collection and sharing of data including general practice data.

Interoperability is crucial to reducing system inefficiencies, administrative burdens and enabling information sharing and communication between care team members and across health and aged care sectors. Software providers should be required to adhere to a minimum set of standards and licencing requirements that provide for systems interoperability and key data connections across platforms enabling single entry updates.

For aged care providers, this will require software package enhancements, including the need for the appropriate capture of data attributes in a structured, standardised fashion, and support the necessary interfaces to (securely) share information between parties in the aged care ecosystem, and which will require resources.

As noted above, ACCPA considers that financial support/grant funding should be provided to enable aged care providers to build capacity/infrastructure to integrate digital technologies. We also believe that incentives like the Practice Incentive Program eHealth Incentive (ePIP) in general practice should be afforded to aged care providers to support maintenance of digital systems and to update resident information, as part of a quality improvement initiative.

It is also important to note that the government is in the process of rolling out its Government Provider Management System (GPMS), a new IT system that will allow for greater connectivity and data sharing between care providers and government. Additionally, the Australian Institute of Health and Welfare (AIHW) has been funded by the Department of Health and Aged Care to lead development of the aged care National Minimum Data Set (NMDS) and data asset and to work with the Department to develop the aged care data strategy. Establishment of standards for data sharing to support greater use of general practice data will need to be aligned with the GPMS and aged care NMDS and should be noted.

Recommendations:

- R4. Build a genuinely interoperable healthcare system via the adoption of consistent national interoperability requirements that facilitate the elimination of the current silos and reduce inefficiencies.
- R5. Align Standards for general practice data sharing with the Government Provider Management System and aged care National Minimum Dataset.

1.3 Data governance, oversight, and coordination

Noting that there is currently a lack of governance, oversight and transparency regarding what data is used by whom and for what purposes, ACCPA is concerned that in the absence of clear oversight and reporting, there is a risk that data is used for purposes other than those agreed to by stakeholders such as GPs and consumers.

Aged care recipients and providers need to trust that appropriate governance measures are in place to ensure personal information is protected and that their data is used to enhance patient care and the public good. To this end, the movement to cloud based solutions must consider the mandatory standards for data sharing and exchange in a secure and interoperable environment.

ACCPA notes that ongoing access to general practice data is influenced by relevant legislation, which can largely differ between jurisdictions and at the Commonwealth – State level. This includes regulation pertaining to the period of retention of medical records and access to medical records of deceased patients. As such there is a need for broader coordination and harmonisation of legislative instruments as they relate to data access and availability, as well as interoperability requirements between jurisdictions.

ACCPA is also aware that the Attorney General Department is currently undertaking a review of the Privacy Act 1988. The outcomes of the said review may have effect and influence the developments around the access to general practice data. Specifically, the amended Act may have implications for the privacy aspects of the aggregate general practice data use and patient consent.

Recommendation:

- R6. Establish mandatory standards for data sharing and exchange in a secure and interoperable environment.
- R7. Harmonise legislative instruments between jurisdictions as they relate to data access, availability, and interoperability, to support greater use of general practice data.

2. Electronic Clinical Decision Support

ACCPA acknowledges that greater use of electronic clinical decision support (eCDS) by GPs will enable knowledge-gaining opportunities and lead to increased consistency of clinical interactions and that, eCDS systems are useful tools to alert, educate and inform clinicians of current best practice, at the point of care.

For aged care (and noting that many aged care recipients are on polypharmacy), eCDS can help support patient safety and improved patient outcomes by reducing medication errors due to drug to drug interactions, and enhancing clinical management through best practice alerts, and identification of cost-effective treatment options.

However, ACCPA would not support the use of any eCDS system where the clinical autonomy of the medical practitioner was not maintained. Clinical guidelines (which we believe are core components of eCDS) are usually condition specific and thus

recommendations within an eCDS system may not fully account for the specifics of a patient's condition particularly if there are multi-morbidities. General practitioners understand their patients and their skill, and experience with differential diagnosis is invaluable and cannot be substituted. In this context, ACCPA believes an over-ride mechanism within the eCDS will be essential to ensure clinical autonomy is retained.

Importantly, interoperability between different systems will be the key to success of implementation of electronic clinical decision support into the future if the ultimate goal is to use the eCDS systems across multiple settings and patient populations. Development and implementation of the National Healthcare Interoperability Plan will be a step in the right direction, but this needs to be properly funded.

Recommendation:

R8. Ensure that clinical autonomy of medical practitioner is retained by putting in place an over-ride mechanism within the eCDS.

3. Option & design principles

ACCPA agrees with approach for change design principles as outlined. However, this initiative will need to be properly funded and that any incentives to drive adoption should be extended to aged care providers to help them build capacity to integrate digital technologies and introduce conformance software, as noted above.

Additionally, we believe participation should be voluntary and that Option 2 "Facilitate stakeholder-led regulation" would be more appropriate to support greater use of general practice data and eCDS. Option 2 which seeks to utilise a collaborative approach to set up a self-regulation process(es) and which will be led by stakeholders outside of government, would encourage clarity from key industry association and professional bodies regarding desired processes, standards, and governance. However, the viability of self-regulation depends on whether stakeholders have an incentive to comply with the rules.

ACCPA agrees that in progressing this initiative, sector stakeholders (including GPs, industry including aged care, PHNs, peak bodies, researchers and government) would need to jointly define general practice data sharing principles and develop contractual clauses based on the principles. These contractual clauses would then form the default position for parties when entering into a data sharing agreement.

Recommendation:

R9. Utilise a collaborative approach (Option 2) to set up a self-regulation process(es), standards and governance to support greater use of general practice data and eCDS.