

Draft HealthConnect Business Architecture consultation June 2002
Submission #24 – Alva Courtis

Health Connect Business Architecture v0.7 Feedback Form

General Comments on the Health Connect Business Architecture v.7

I have been reading about E health for some time, and I am pleased to have input to HCBA draft plan. My main objective is to look at the issues which may affect people in remote regions.

2. The Background states " the proposed national health information network to facilitate the safe collection storage,etc". Now say, as all electronic systems will change many times in a decade, and as rural and remote regions are always last to receive input to health systems, my concern is that we would be lost in the changes and be worse off than we are now.

All the health systems are generated in cities and by people and systems which do not always match needs of outback areas, and we are an intergral and important part of Australia.

I agree that " an appropriate governance structure for the project" is necessary and this submission has been looked at from the view point of remote people.

The key features have been noted and I hope that remote consumer stake-holders have been consulted, particularly in areas where there is a strong

medical and bureaucratic workforce, as in small isolated country towns.

3. About this Document.

I have read and understood this section in the Overview, and some of the relevant parts in the Draft.

The key policy issues of privcy,security, consent and access control arrangements are the issues of concern for most consumers,although if these issues are too tight it would have a restricive effect on the program.

I do understand this concept and will try to get that message across.

4. The business need for Health Connect.

The need is well documented and I personally agree with the objectives and note that R & R areas get a special mention.! Although I cannot see how it is going to save \$300m per year !

5. The proposed Health Connect model.

Well documented, read and understood. The diagram can be followed to understand how the concept would work, it would help if people carried health care cards.

6. Health Connect in action - a scenario

Interesting to read. I have noted some thoughts while reading this, as below-:

Would some doctors ignore the previous actions and start another procedure, and may be not document the change?

Are Home Computers as available as statistics say?

As this scenario shows, it is a very useful tool for all concerned.

It is a very good tool for Discharge Practices; in R&R areas this system is only as good as the geographical knowledge of the discharge clerk.

7. Key Issues.

(a) See Part 1 - Page 27 of Draft Health Connect and

(b) Attachment A Page 144 of Draft Health Connect.

These pages cover the most contraversial issues for consumers; could they be collated for special interest groups to read. I would suggest that notes could be attached emphasizing that you are aware of the need to protect consumers but the disadvantages out weigh the percieved dangers,etcra. You will need the wisdom of Solomon, I hear the mutterings!.

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7.1. Consent

* Participation is voluntary and based on informed consent -: that is OK,
As long as there is proof that the consumer did agree, and does remember.

* Individuals must have the capacity to control who has access

This can be a danger, unless all drugs subscribed are well documented
and all chemists are able to monitor date of last pickup. I can write a
scenario on that one.

7.2. Event summaries. read and understood, well structured.

7.3. HER views. as above.

7.4. Users of H C information. As above.

7.5. Authorisation. As above, all of these rules seem to be OK to me,
but some consumers will find points to dispute.

8. Business processes

These issues do not seem to have any difficulties for consumers,
as long as others cannot access particulars from computers in chemist
shops or koisks.

9. System processes. As above, all these technical details depend on
human errors, and I don't know if such troubles can be prevented.

10. Critical success factors. As above.

11. Key policy issues being progressed. As above.

I note your "In Summary" and "Event Summaries"and these developing
Standards would need trialling by willing consumers, I personally agree.

12. Issues to be resolved. I will take these papers to the Esperance Health
Issues Group for discussion, I am the leader of the Group and members
belong to other organisations. We, as Group to are connected to the
Health Cunsumers Council of WA.

I will endeavour to e-mail this copy to you, also post a hard copy to
the enclosed address. Thank you.

Alva Courtis