

Response to Draft HealthConnect Business Architecture

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National Allied Health Casemix Committee

The National Allied Health Casemix Committee (NAHCC) was established in 1993 to provide a collective “casemix voice” for Australia’s allied health professionals. It has representation from each of the State and Territory Allied Health Casemix Committees and from each of the member allied health professional associations:

- Audiology
- Exercise & Sports Physiology
- Hospital Pharmacy
- Music Therapy
- Nutrition & Dietetics
- Occupational Therapy
- Orthoptics
- Orthotics & Prosthetics
- Physiotherapy
- Podiatry
- Psychology
- Social work
- Speech Pathology.

Allied health practitioners are employed in a wide variety of care settings in the public and private sectors, including acute care, rehabilitation, sub-acute care, non-acute care, public health, mental health, education, and research. While NAHCC has a specific interest in casemix, it has a broad vision such that it aims to provide the Australian healthcare industry with nationally consistent methods of classifying, measuring, evaluating and developing allied health services with a view to contributing to better health outcomes. NAHCC acts as a coordinating body for allied health professions to facilitate discussion and representation on health issues and is able to provide an allied health perspective on the development of a health information network for Australians to facilitate the safe collection, storage and exchange of consumer health information between authorised healthcare providers.

Comments

NAHCC welcomes the opportunity to make comment on the 'Draft HealthConnect Business Architecture'. The document proposes that "The Electronic Health Record model is one that provides for the systematic collection (at point of care), transfer, storage and retrieval of clinical and demographic information in the form of event summaries to be presented, with appropriate authorisation, via meaningful views and reports"

Our specific comments are:

- "The draft HealthConnect Business Architecture has been developed by the HealthConnect Program Office, in consultation with stakeholder representatives of the Architecture Working Group which reports to the HealthConnect Board. It is intended to be a 'living' framework, which will be enhanced through public consultation." There has been limited consultation with allied health practitioners and managers to date. NAHCC has knowledge of allied health issues in general and specific experience in the development of data elements that could inform the project. The Committee would be pleased to participate further in the consultative process.
- NAHCC members are aware that appropriate use of information technology has the potential to integrate the delivery of care across the healthcare system and ultimately to enhance quality and safety of care. The proposed health information network could improve the communication between health professionals that is essential in evidence-based practice to achieve better health outcomes. In particular, it could facilitate communication between allied health practitioners in public and private health industry, with referring medical practitioners and with other care providers. Communication will also be enhanced by the use of consistent language in describing health care. NAHCC can contribute three significant bodies of work to the project:
 - an allied health minimum data set
 - allied health interventions that have been integrated into the ICD-10-AM procedure codes and that describe 'Health services provided'
 - 'Indicators for Intervention' that describe the condition or issue that leads to consumers using allied health services, ie 'Results of Analysis' in the draft document.
- NAHCC supports initiatives that empower consumers and promote self-care. HealthConnect provides a means whereby consumers can actively participate in their care. It is expected that better quality of care will be achieved when the consumer, allied health practitioner and other health care providers have timely access to the same information. Caution will be needed to ensure that consumers are informed about the meaning of results but electronic reporting offers the opportunity to educate consumers and supplement information provided personally by care providers. There should also be a distinction

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made between the way in which results are reported routinely for consumers with chronic health problems and those ordered for acute illnesses.

- An exciting benefit of the information network is the opportunity for allied health researchers to access pooled data in order to investigate aspects of care that will lead to better outcomes. De-identified data should be available to practitioners and managers according to justification of purpose and satisfaction of ethical issues. It is imperative that appropriate processes are in place to ensure privacy and that confidentiality issues are safeguarded.
- De-identified data may also contribute to the development of learning tools for use in undergraduate and post-graduate training of allied health professionals.
- NAHCC supports the voluntary nature of participation of both consumers and providers in the HealthConnect program. It will be important that software programming at different levels in the network is consistent with consumers' willingness to participate.
- Allied health professionals are often disadvantaged when obtaining access to software and hardware that supports service delivery and management. A critical success factor in the HealthConnect program will be equitable access to the hardware and software that feeds into the national system.
- The draft document outlines elements of 'Event Summaries'. The structure and possible content outlined should be tested further with a variety of health practitioners and managers.
- Procedures that describe allied health activity, treatments or interventions have been included in the ICD-10-AM. However, coders do not routinely enter these in acute hospitals for casemix purposes. A change in coding practice would need to occur to ensure complete and accurate *if* data elements in the 'Event summary' are to be derived from coding records.
- It is noted that some work has been done on developing standards for Hospital Discharge Summaries/Referrals and related to HealthConnect. Allied health practitioners should be included in further work around standards for Hospital Discharge Summaries/Referrals. This is because discharge summaries written by medical practitioners in hospitals do not always include treatment provided by allied health and because allied health practitioners do not write discharge summaries to general practitioners for all patients seen during an acute admission. It should also be noted that allied health do not routinely have access to electronic summaries in the same way that medical practitioners do.
- The model described in the draft document refers to providers in general practice, hospital and community care. There are many other settings in which care is provided and various service providers in public and private industry that should be considered for inclusion in the next stage of the program.
- The definition of a range of 'views' that differ according to the provider type will be core to the development of the program. It is important that a spectrum

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of providers and consumers, including allied health, are consulted during the development process.

Conclusion

The draft Health*Connect* Business Architecture outlines some of the key issues to be considered in developing a national health information network for Australia. NAHCC would welcome infrastructure and standards that assist allied health, consumers and other health professionals to make informed decisions about treatment and care to achieve better outcomes. NAHCC also recognises that the network would facilitate better coordination of care and would empower consumers. The benefits of the network would best be realised by consulting a wide range of health care providers and consumers, including allied health, in the next stage of this exciting program.