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Dietitians Association of Australia

Response to Draft HealthConnect Business Architecture

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Dietitians Association of Australia

The Dietitians Association of Australia (DAA) is the national Association of the profession, with branches in each State and territory. DAA represents approximately 2200 members. Dietitians are employed in a wide variety of work areas including clinical dietetics, public health and community nutrition, education, private sector, government, research and industry. DAA is a leader in nutrition and advocates for better food, better health, better living for all. It is from this perspective that the Association supports 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.

General Comments

DAA welcomes the opportunity to 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"

Specific Comments

- "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, and dietitians in particular. There are limits to the time, travel and other support that organisations can be expected to provide towards such consultations without support. Dietitians would welcome feasible opportunities to participate directly in the consultative process or indirectly through the Health Professions Council of Australia and National Allied Health Casemix Committee. Dietitians can offer specific knowledge and a unique perspective of current health information systems and issues for consideration in the iterative process of the research and development program.

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- DAA acknowledges 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 would improve the communication between health professionals that is essential in evidence-based practice to achieve better health outcomes. In particular, it could promote communication between dietitians in public and private health sectors, with referring medical practitioners and with other health practitioners in these sectors. It is important that consistent language be used to facilitate data entry and to enhance clarity of communication. This might be achieved by the use of procedure codes developed by dietitians that have been included in the ICD-10-AM 3rd Edition to describe what is being done for consumers. Moreover, the reason for referral to a dietitian might be described by 'Indicators for Intervention' which are being developed by dietitians and other allied health professionals through the National Allied Health Casemix Committee.
- DAA supports initiatives that empower consumers and promote self-care. *HealthConnect* offers an opportunity for consumers to directly access information about themselves. Consumers with chronic health issues, such as diabetes or inborn errors of metabolism, could directly access regular pathology results, such as glycosylated haemoglobin or Guthrie results, provided that interpretation was offered with the results. Such a facility could be enabled if the care provider and the consumer agreed that this was appropriate, and within the bounds of the ongoing care relationship. However, the care provider should report highly sensitive results of an acute nature in a personal interview e.g. pathology related to cancer.
- The proposed model provides an opportunity for dietitians to access pooled data in order to research aspects of care that will lead to better outcomes. De-identified data should be available to dietetic 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 dietitians and other health professionals.
- DAA supports the voluntary nature of participation of both consumers and providers in the *HealthConnect* program. A potential problem may arise however where consumers and providers have data entered as part of a local electronic health record and there is insufficient interfacing to prevent uptake of data to *HealthConnect* where a consumer or provider elects not to participate.
- A critical success factor in the *HealthConnect* program will be access to the hardware and software that provide the local platforms that feed into the national system. Dietitians and other allied health professionals may have

difficulty in fully participating in the program as providers of care because they are often disadvantaged in obtaining access to software and hardware which supports service delivery and management. Indeed, consumers may have difficulty accessing computer facilities or promotion of facilities may be required. DAA supports measures that promote equitable access to resources that are required to implement and maintain the HealthConnect program.

- The draft document outlines elements of 'Event Summaries'. The structure and possible content outlined provides a useful starting point but should be tested further with a variety of health practitioners and managers, including dietitians. Some data elements have been developed by allied health, e.g. procedures which are included in the ICD-10-AM would be useful to describe 'Health services provided' i.e. treatments commenced or activities undertaken. 'Results of Analysis' that include condition/issue/diagnosis identification might be described by allied health 'Indicators for Intervention'. Both of these data elements have been developed under the auspices of the National Allied Health Casemix Committee. The event summaries should be structured to allow inclusion of data related to provision of care in groups or to individuals.
- 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 collection *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. Medical practitioners in the acute care setting write discharge summaries to general practitioners and it is now commonplace for this to be done electronically. However such summaries do not routinely describe treatment provided by dietitians. Furthermore, it is not usual practice for dietitians to write discharge summaries to general practitioners for all patients seen during an acute admission, nor do many dietitians currently have access to electronic summaries. DAA recommends that dietitians are included in developmental work around standards for Hospital Discharge Summaries/Referrals with a view to having nutritional care documented in the discharge summary.
- The model described in the draft document refers to providers in general practice, hospital and community care. It is not clear whether the term hospital encompasses rehabilitation, sub-acute or non-acute care. General practice is specified, presumably to indicate medical practice but there may be value in including dietitians in private practice in the model. Other care settings such as disability services are not described in the model. There are likely to be a number of settings in which care is provided and service providers 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

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

- Components of HealthConnect offer the opportunity to improve not only the quality of care for Australians but it may also provide avenues for more equitable access to care. For example the 'Better Medication Management System' could provide the framework for better management of home enteral nutrition support for consumers who are currently disadvantaged by existing systems that vary across the country.

Conclusion

The draft HealthConnect Business Architecture outlines some of the potential benefits of developing a national health information network for Australia. DAA would welcome infrastructure and standards that assist dietitians to make informed decisions about treatment and care to achieve better outcomes. The Association also recognises that the network would facilitate better coordination of care and would promote self-care by consumers. The benefits of the network would best be realised by engaging a wide range of health care providers, including dietitians.