



Australian Government

Department of Health and Ageing

**HEALTH-e-NATION 2006**

# **From health to e-health (and back again)**

5 April 2006

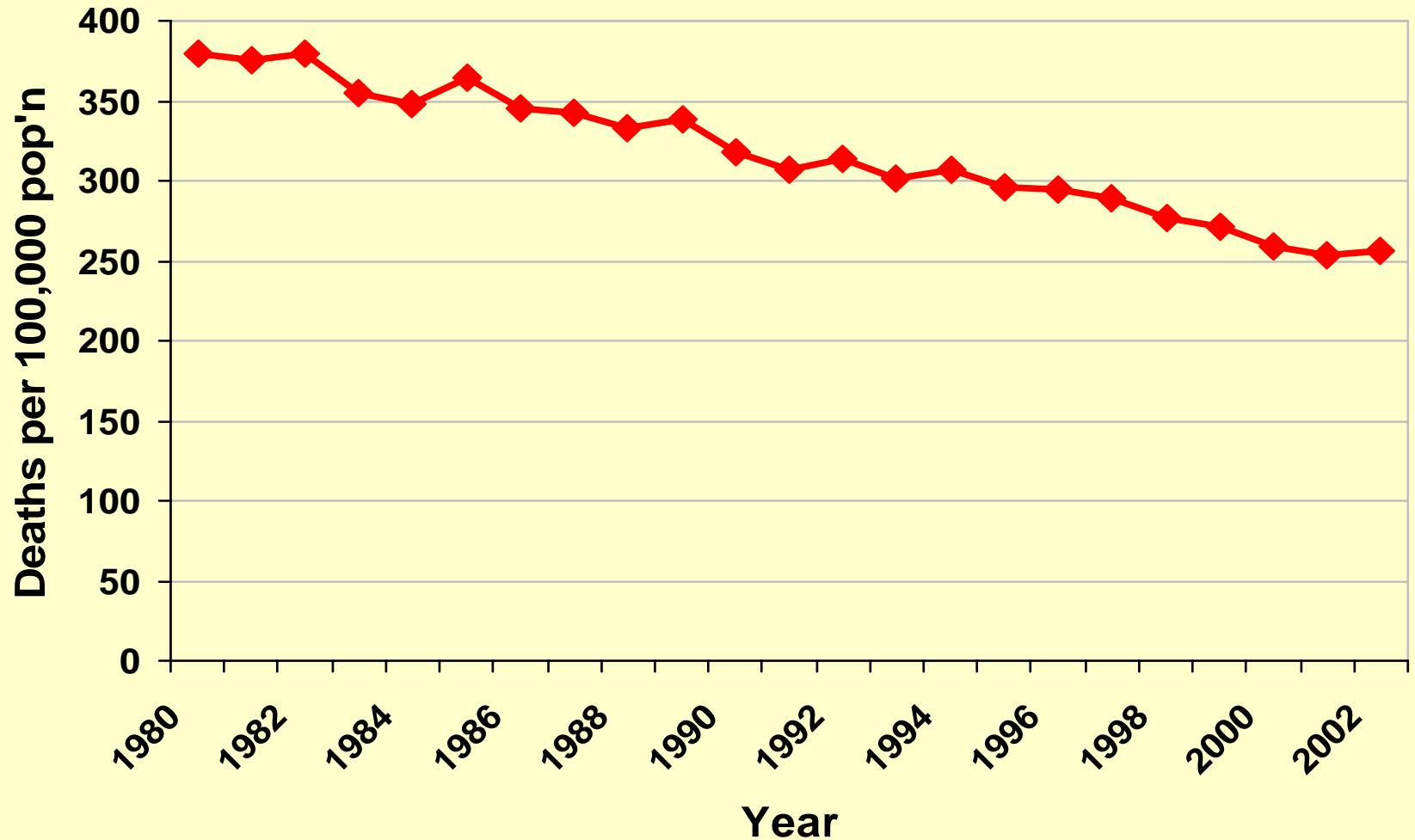
**Philip Davies**

**Deputy Secretary**

**Australian Government Department of Health and Ageing**

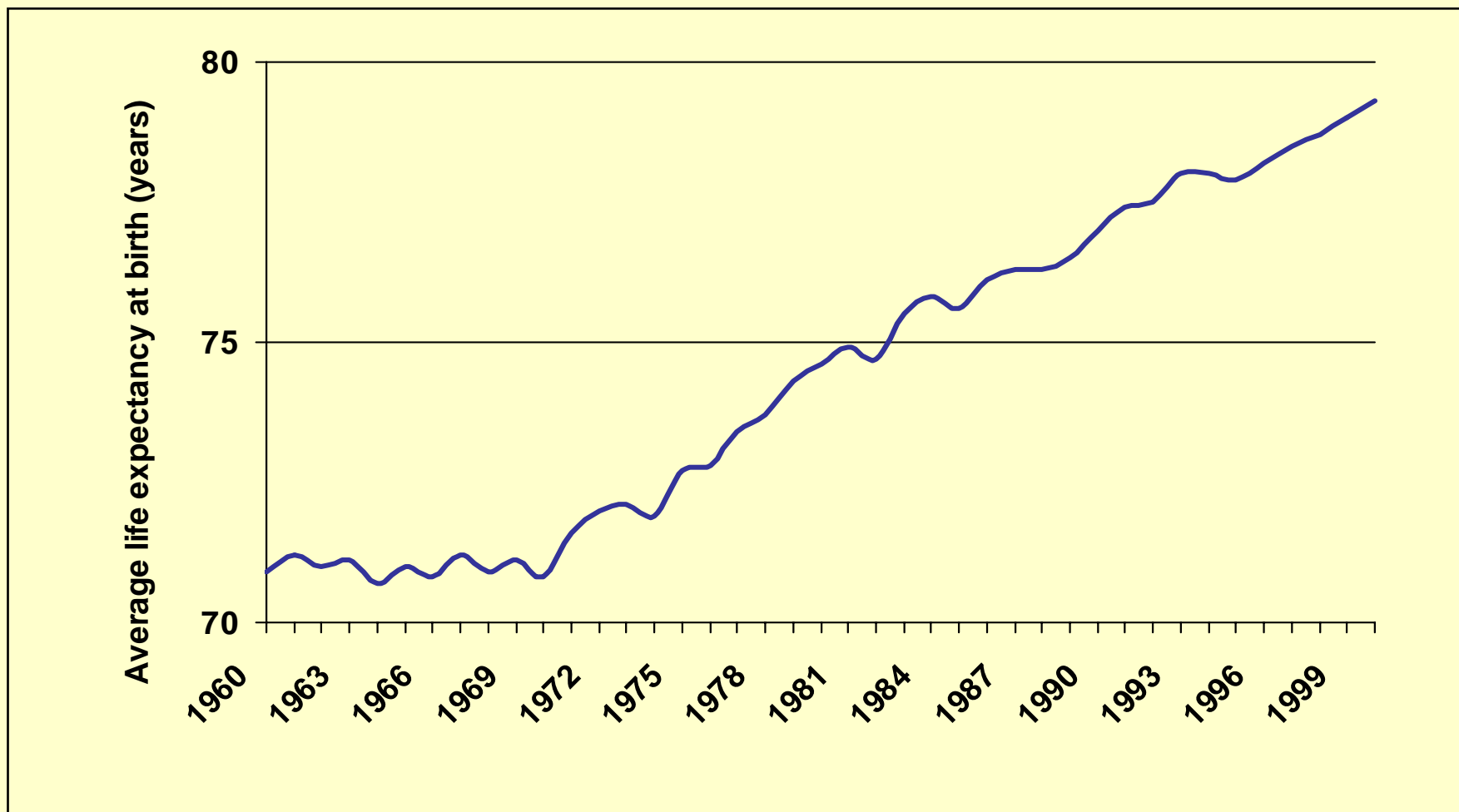


# Deaths from cardiovascular diseases (1980 – 2002)



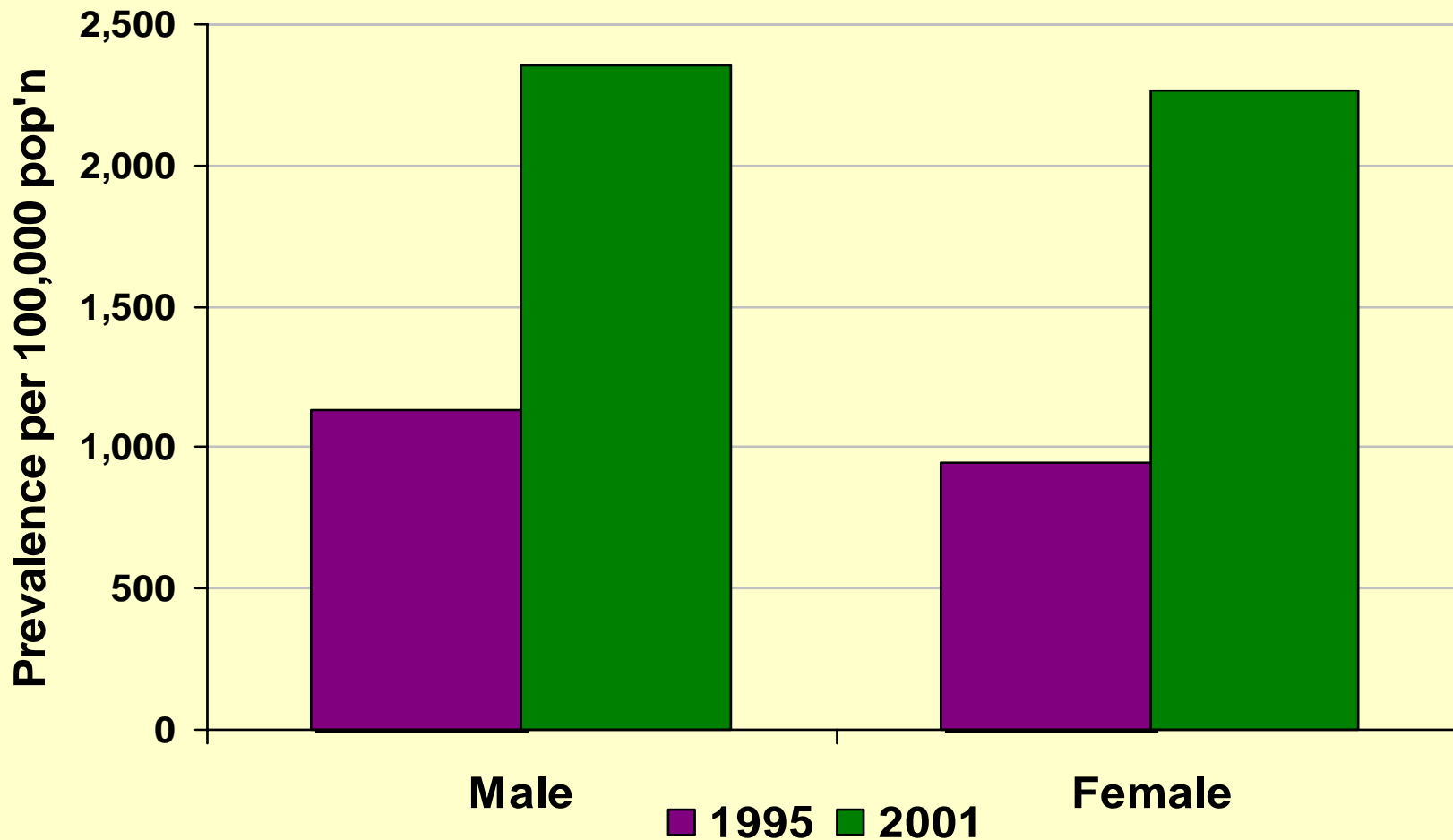


## Increasing life expectancy in Australia



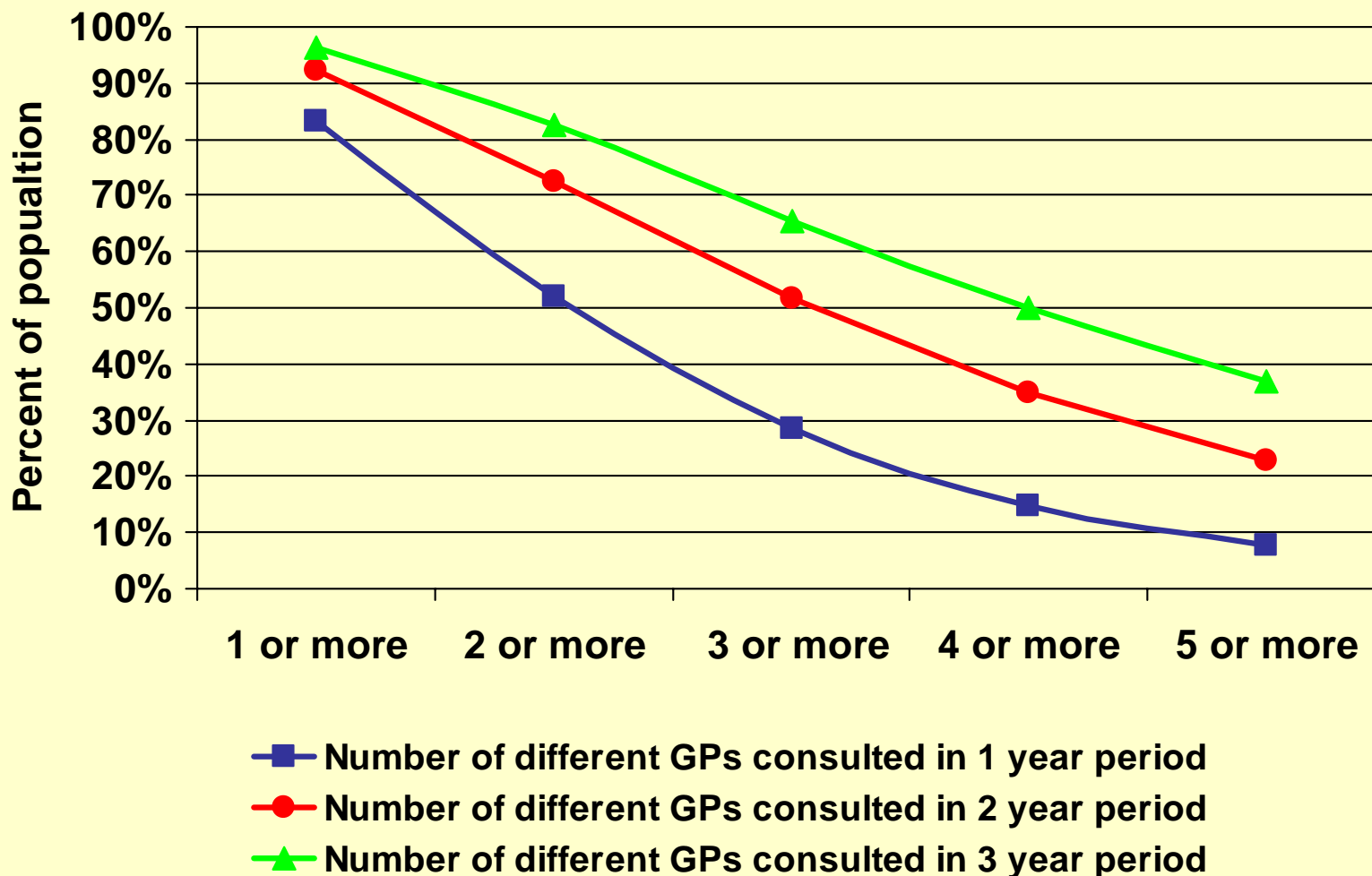


# Prevalence of Type 2 diabetes





# Shopping around for GPs



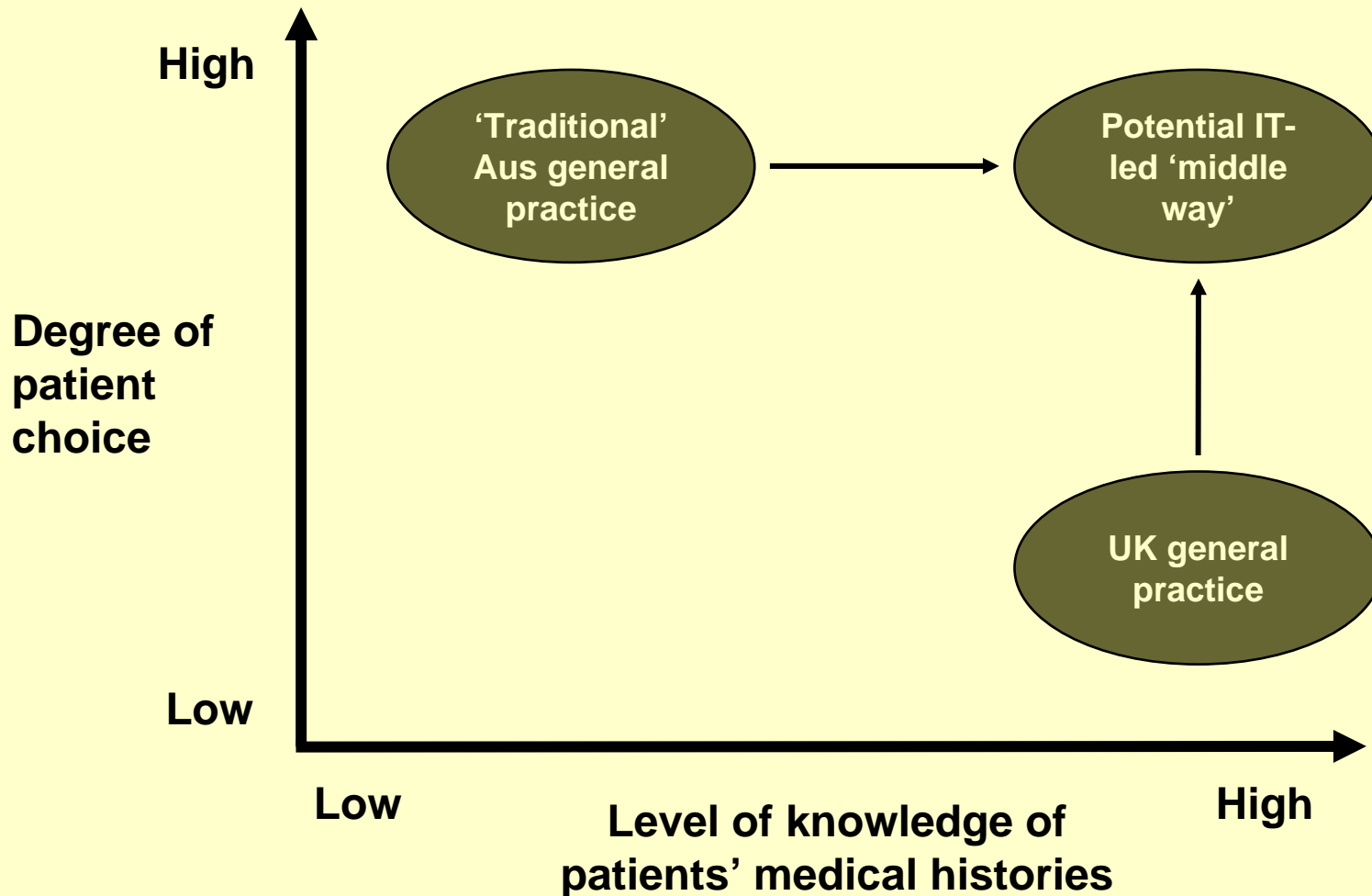


## People who saw $\geq 3$ doctors in 2 years...

- were 75% more likely to have experienced a medication error;
- were almost 2½ times as likely to have received conflicting information; and
- had a 60% greater chance of being sent for duplicate tests



## Reconciling choice and continuity





Short duration, episodic  
treatment

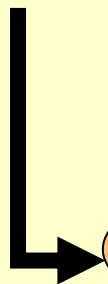


Care extending over  
months/years

Rapid escalation to  
secondary (hospital)  
services



Capacity to manage  
more (and more  
complex) conditions on  
an ambulatory basis



**Enduring  
relationships between  
patient and provider**



Patient's role largely  
passive

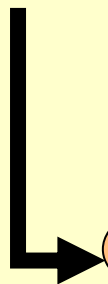


Patients actively  
involved in their care

Treatment orientation



Treatment and  
prevention given equal  
weight



**Informed consumers,  
self-care, prevention  
& early intervention**



Focus on a single body system



Multi-systemic pathologies and treatments

Treatment by a single physician

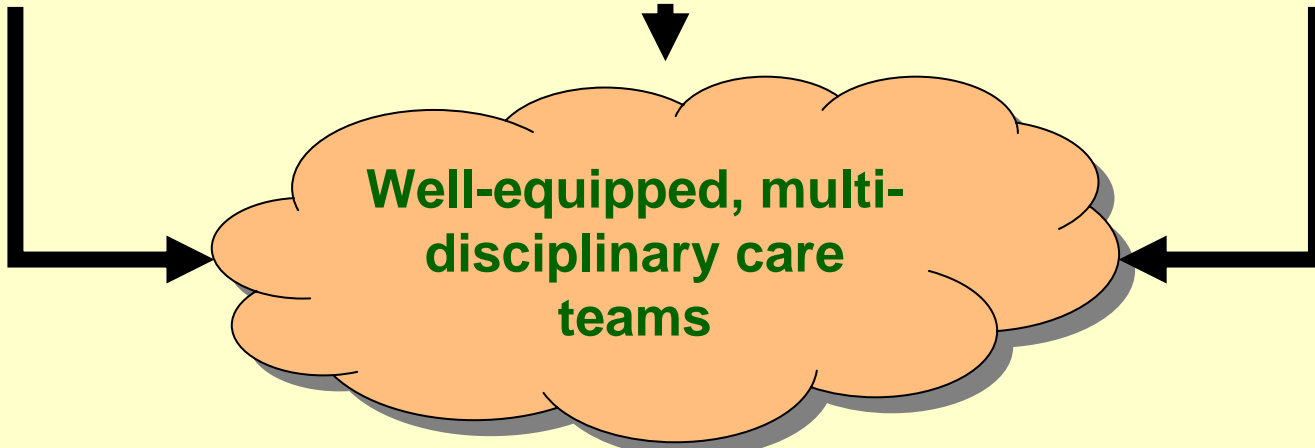


Treatment involving several professions

Limited use of diagnostic technologies



Heavier use of multiple, on-site diagnostic technologies





Bilateral  
(patient  $\Leftrightarrow$  doctor)  
information flow



Multi-lateral (patient  $\Leftrightarrow$   
care team & within care  
team) information flow

Straightforward record  
keeping (history,  
symptoms,  
treatment/referral)

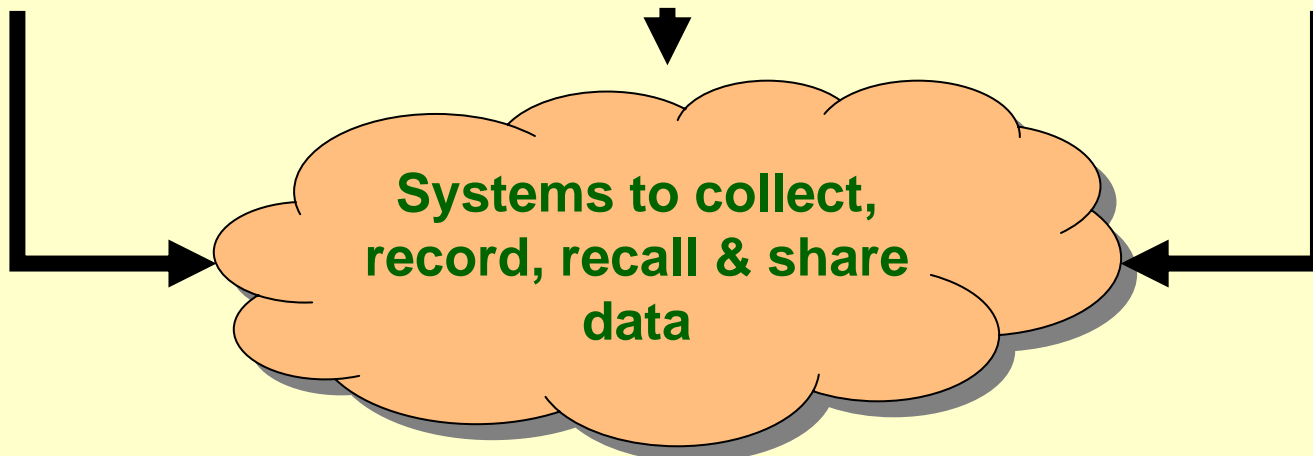


Complex record  
keeping (care plans)

Face-to-face treatment,  
in-hours in a practice  
setting



Growth of remote  
monitoring & care  
delivery on a 24/7 basis





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**Enduring  
relationships between  
patient and provider**

**Informed consumers,  
self-care, prevention  
& early intervention**

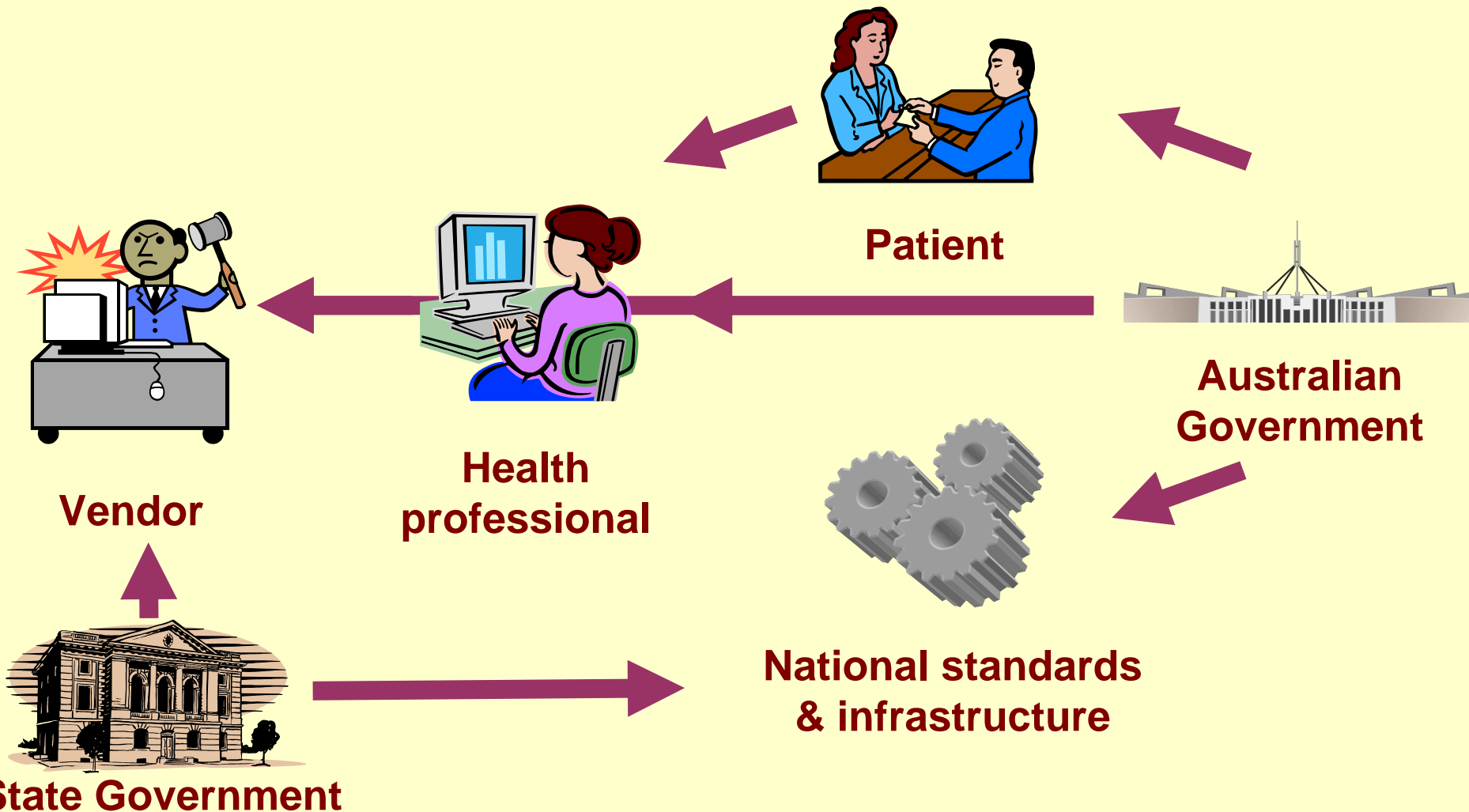
# **E-health**

**Well-equipped, multi-  
disciplinary care  
teams**

**Systems to collect,  
record, recall & share  
data**



# Paying for services





## Why bother?

