



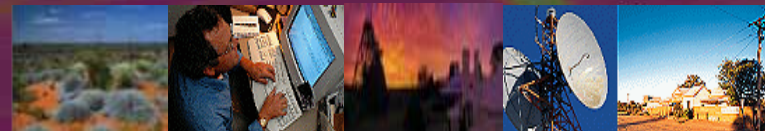
Australian Government
Department of Health and Ageing

GPs Making a Difference in the Eastern Goldfields

Presentation to CHIK Health-e-Nation Conference

5 April 2006

Nicole Peel, e-Health Branch
Australian Government Department of Health and Ageing





What is the challenge?

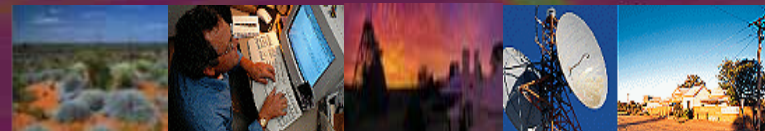
Factors

- Ageing population
- Chronic disease on the rise
- Geographic isolation



Why broadband?

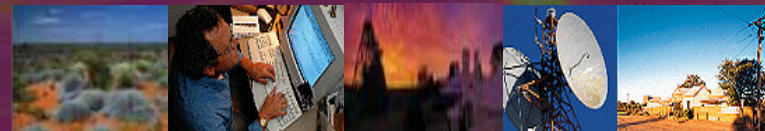
- Enabler for information exchange
- Save time and money
- Increased online capacity
- DSL, fiber, cable, satellite, wireless & wi-max, radio & UHF





Our Programs

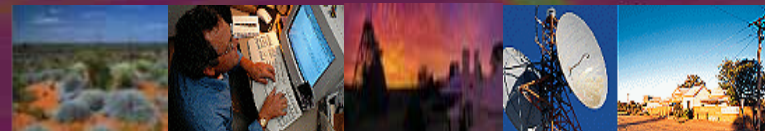
- Access to Broadband Technology Initiative (including establishment of EGRRS) 2003-2005 \$9.2million
- Broadband for Health 2004-2007 \$35million
- Broadband for Pharmacy 2005 \$14.5 million
- Managed Health Networks Grants 2005-2007 \$10 million





Broadband for Health

- OBJECTIVE: *“To support the immediate, and widespread uptake of broadband in the health sector (targeting general practice, Aboriginal community controlled health services, and community pharmacy), moving to more advanced services in the second year of the program.”*
- The program, and subsequent connectivity policy development, is closely aligned with the National Broadband Strategy Implementation Group (NBSIG)





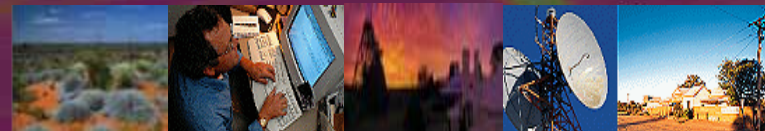
Australian Government

Department of Health and Ageing

The Eastern Goldfields Regional Reference Site (EGRRS)

Implemented to:

- test, measure, and demonstrate the benefits to health care providers of having high-speed, continuous, higher-quality broadband connectivity;
- across metro-like, rural and remote conditions;
- across a community of health providers and organisations;
- using a variety of connectivity technologies; and
- using a variety of hosted applications.





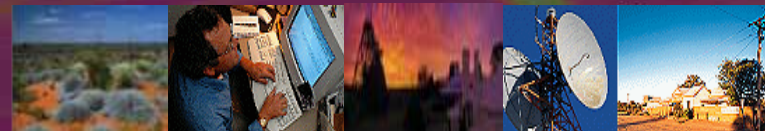
Listening to the Users – What Did They Want?

- Ability to use secure email
- Seamless connectivity. The health stakeholders sought to send / receive:
 - Radiology reports electronically
 - Electronic discharge summaries
 - Electronic referrals
 - Medication management information
 - Online forms to government departments



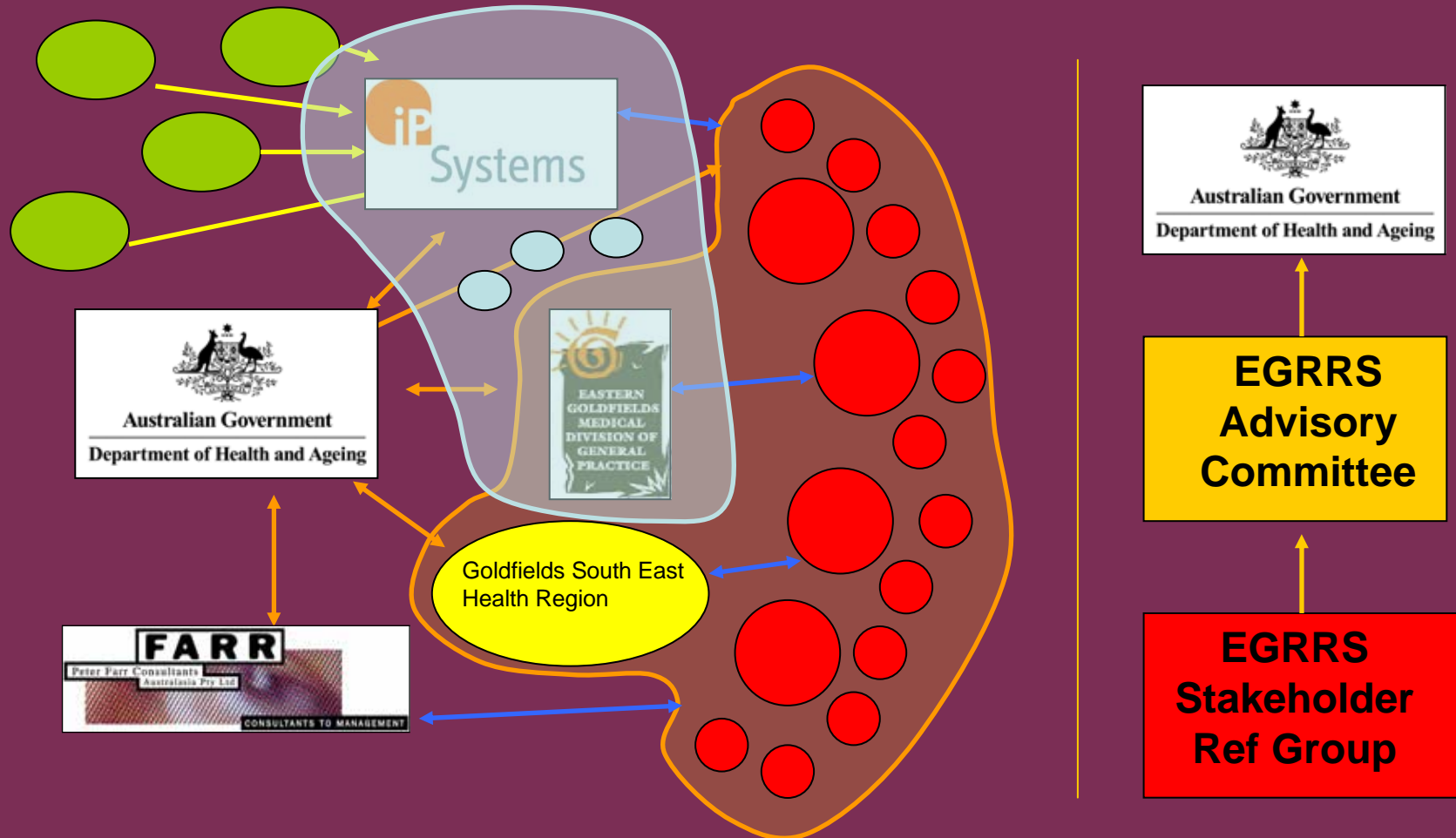
Points Raised During Consultation

- Privacy and security
- Access to patient records remotely
- Communication from Hospitals to GPs
- GP retention and recruitment in the bush





The Major Partners & Governance





What has been implemented?

- Sites connect to the VPN by high-speed bandwidth
- Bandwidth selected for each site based on availability and application requirements
- Applications hosted and managed within the VPN from IP Systems data centres
- Delivered to connected sites via VPN
- Core applications for GP Health:
 - Secure internet
 - Email
 - Video Conferencing
 - Voice (VoIP)
- Potential for many other applications





What is Provided?

Core Services:

- Broadband (DSL, fiber, satellite, wireless)
- Voice over Internet Protocol
- IP Videoconferencing
- Email and directory service
- Remote access
- Online Claiming (Medicare)
- Security services over VPN



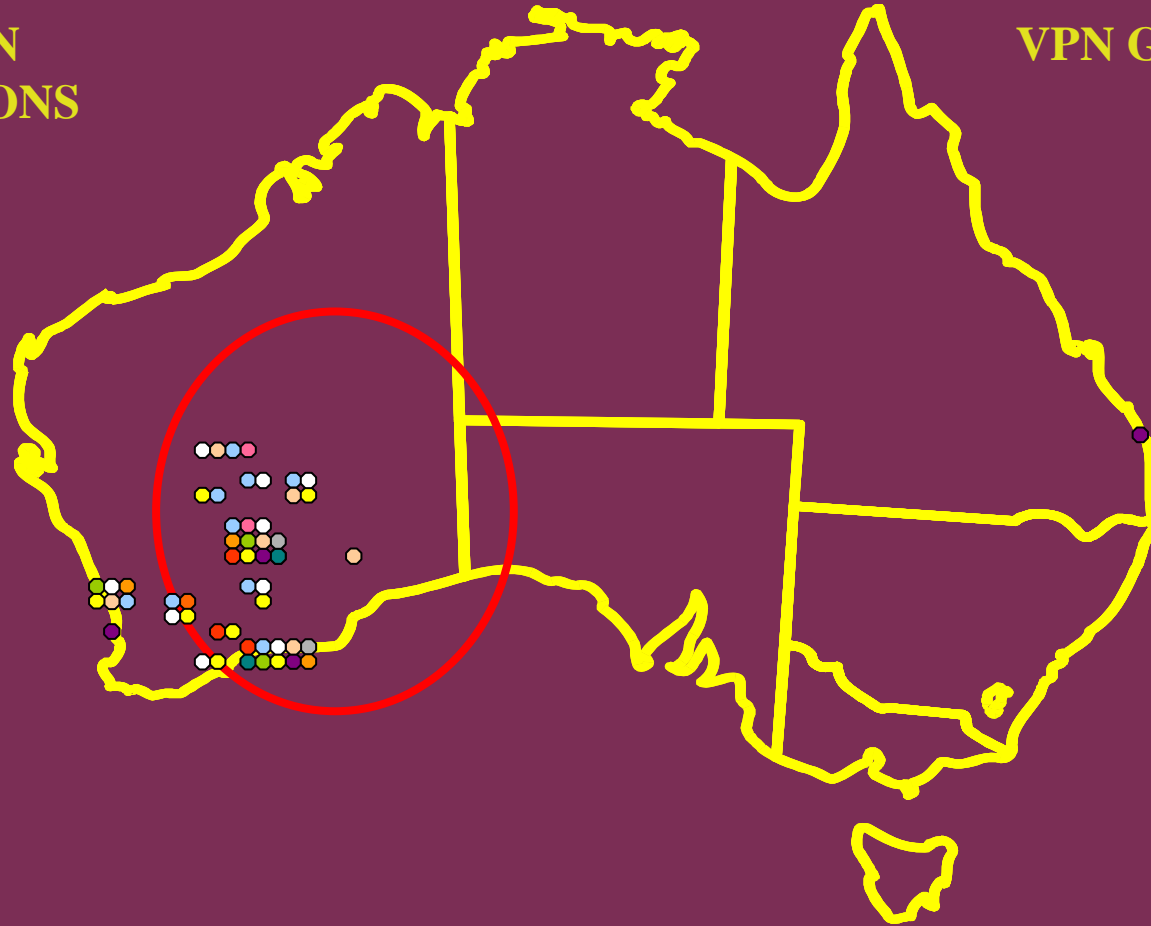
Additional Apps:

- Teledermatology
- Online Workers' Compensation
- Integrated radiology & pathology reports
- Secure Clinical Messaging (3x types)
- Online Education tools (various)
- RACGP Portal
- Electronic Discharge Summaries
- Regional eHealth Application Portal
- Online Resources (journals, patient handouts, decision support tools)



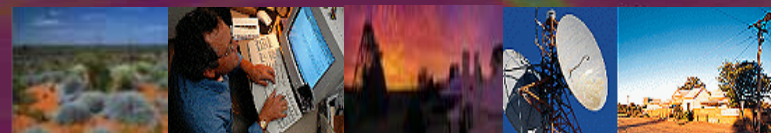
DIRECT VPN CONNECTIONS

- Local Exchange
- GPs & Their Homes
- Specialists & Their Homes
- Aboriginal Health Services
- Medical Students & Their Homes
- Hospitals
- Division of General Practice (including Allied Health)
- Aged Care Facilities
- Pharmacies



VPN GATEWAYS

- Private Pathology & Radiology
- Royal Flying Doctor Service
- UWA Rural Clinical School
- WA Telehealth





Pre Implementation

Aug 2003 – Jan 2005

- Consultation
- Sustainability
- Planning
- Design
- Staffing
- Governance
- Services
- Procurement
- Consultation
- Allocation
- Readiness
- Consultation
- Evaluation
- Procurement

Implementation

Oct 2004 – June 2005

- Readiness
- Roll Out
- Initial Training
- Troubleshooting
- Consultation
- Continuous Improvement
- Further Training Allocation
- Review
- Phase II Consultation
- Additional Applications
- Implementation
- Additional Applications
- Training
- Final Connectivity Phase 1
- Staffing Review

Post Implementation

July 2005 – June 2006

- Phase II
- Implementation
- Phase II Training
- Additional
- Applications Review
- Continuous
- Improvement
- Testing & Measuring
- Demonstrating Value
- Staffing &
- Governance Review
- Measuring Value
- Sustainability
- Planning
- Expanding Value



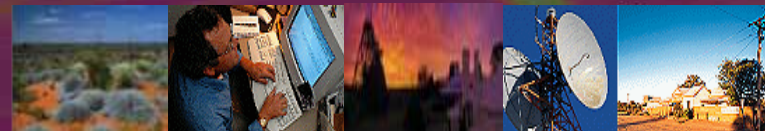
Initial Lessons from EGRRS

- The need for IT Training & Informatics Support
- The need for local management & appropriate governance
- The critical role of public hospitals in networked health communications
- Disaster recovery & geographical redundancy for general practice
- Security awareness for general practice
- Importance of a web portal for additional applications
- Integration of primary care programs
- The benefits of e-health for core business



Next Steps for EGRRS

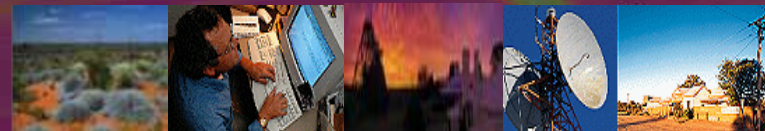
- “GoldHealth Private Network” launched 4 April 2006
- Transition from EGRRS to core business for the division (rather than a discrete project)
- New applications & services (both health-specific & business-specific)
- Shared electronic health record





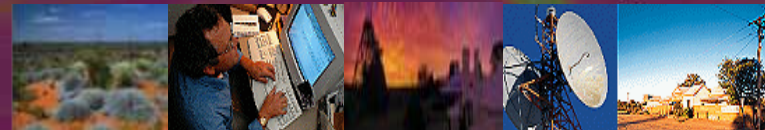
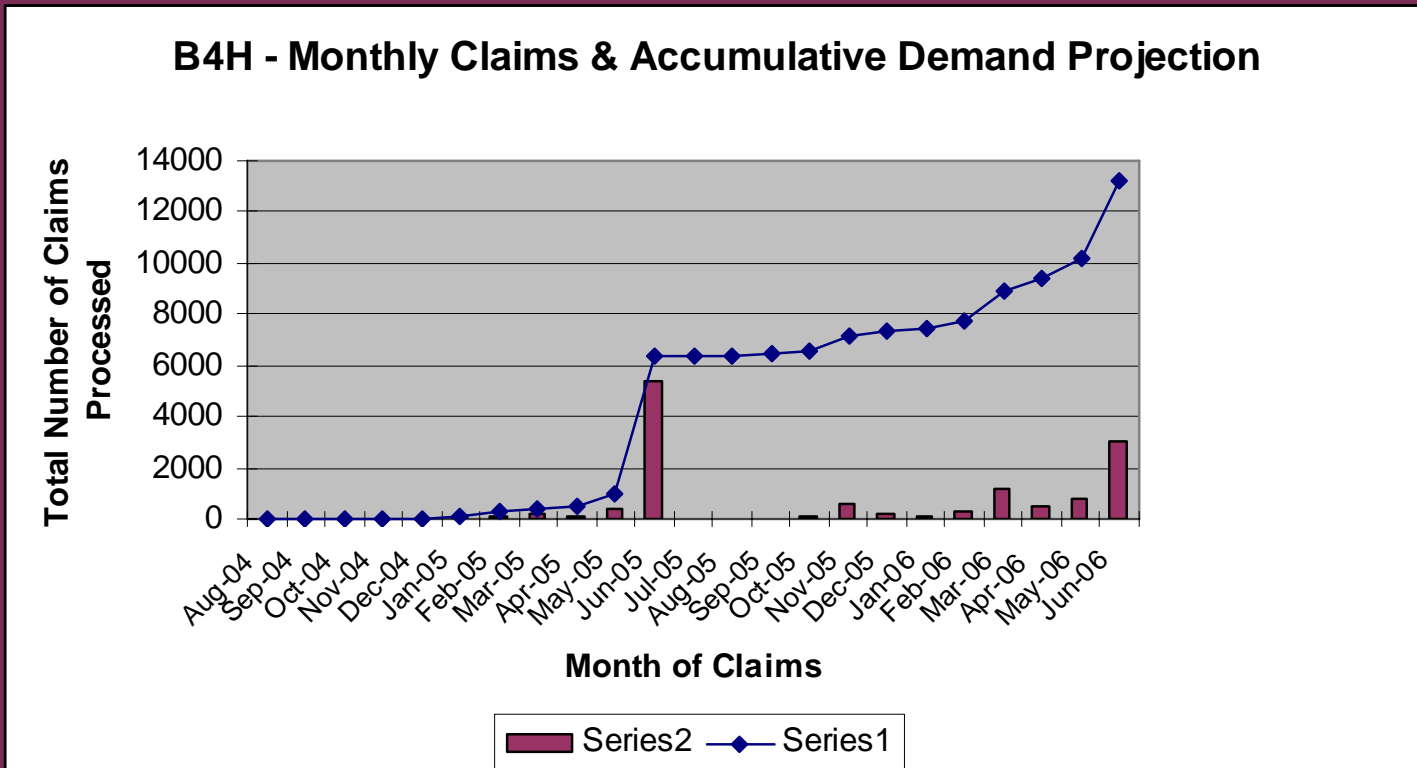
What is the National ‘Readiness’?

- *“64% of providers are connecting to broadband for the first time”*
- 80% of community pharmacy covered;
- 88% of ACCHSs covered;
- 42% of general practice covered;
- 62 ‘Qualified Service Providers’.





What Drives Demand?





Security Awareness Activities

2005-2006 SECURITY AWARENESS AND CONFORMANCE REPORT

Please insert your Broadband for Health Unique Identified Number (UIN): BFH

IT Category	Tasks	Implementation Status <input checked="" type="checkbox"/>	Comments on Status <i>e.g. Date for review, activities in progress or planned, alternate strategy, assessment of risk, or countermeasures.</i>
Practice computer security coordinator	Practice IT security coordinator appointed	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met	
	Practice IT security coordinator's role description written (for GP, coaching staff member or practice manager)	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met	
	IT security training for coordinator provided	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met	
	Security Coordinator's role regularly reviewed Date of last review:	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met	Date for next review:
Practice IT security policies and procedures	Person(s) (e.g. IT security coordinator) appointed to document (and revise) security policies and procedures (can be part of practice manual)	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met	
	IT security policies and procedures documented	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met	

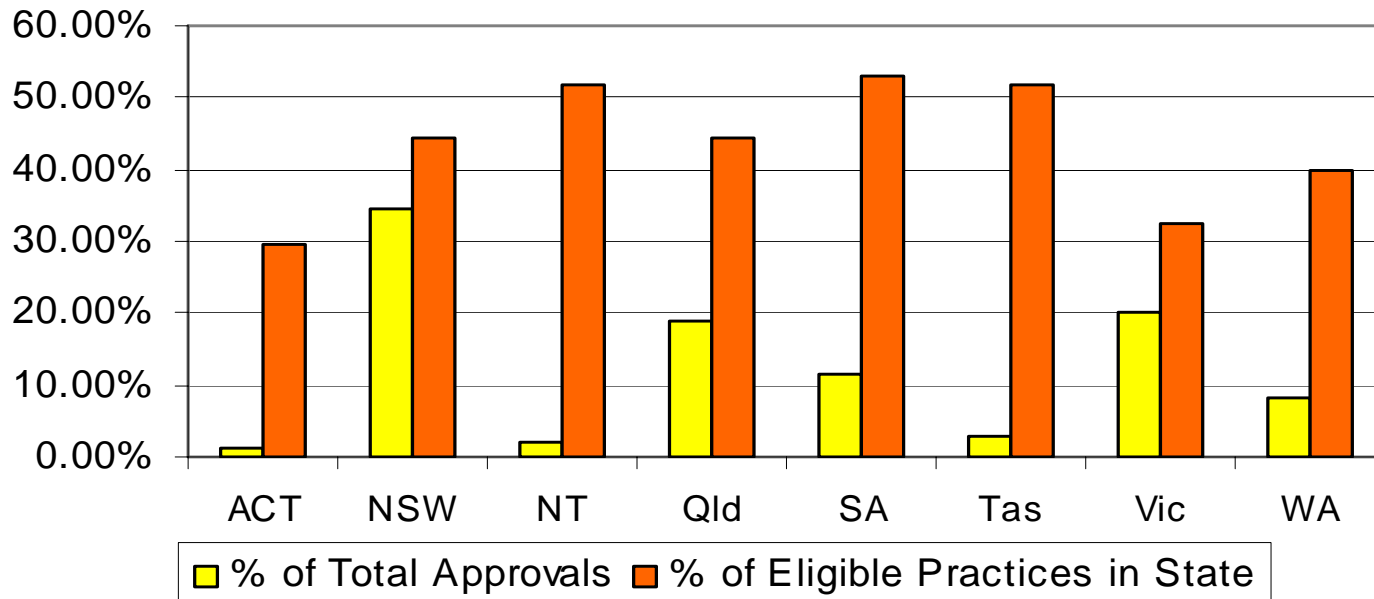
Covers: security policies, access control, disaster recovery plan, 'front desk' security, backups, firewalls, network maintenance, messaging & encryption for external communications

Helps practices meet RACGP guidelines 3rd Edn, PIP 2006 Tier 1 IMIT Incentives



Distribution by Jurisdictions

**Broadband for Health Program
Practices - Takeup by State/Territory
1 September 2004 to 28 February 2006 - % of Approvals**





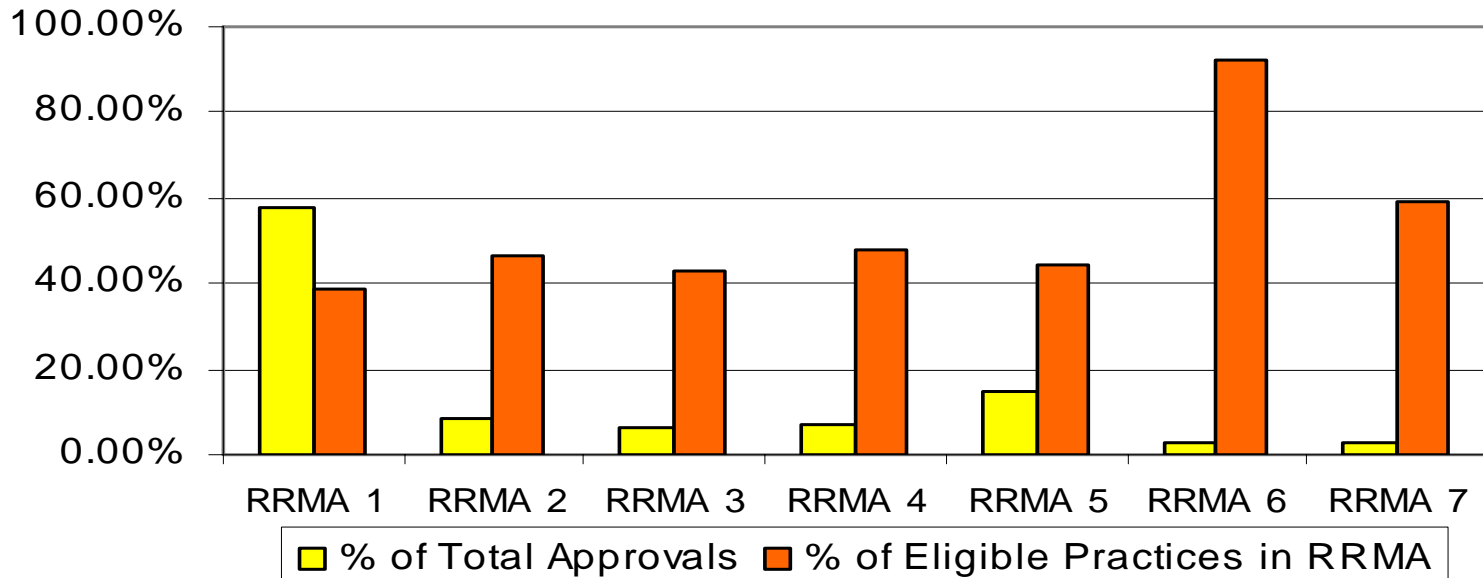
Capped RRMA Incentives

RRMA Zone	Terrestrial / Wireless	Satellite
1	\$2,065	\$6,324
2	\$2,168	\$6,640
3	\$2,276	\$6,972
4	\$2,390	\$7,321
5	\$2,510	\$7,687
6	\$2,636	\$8,071
7	\$2,678	\$8,475



Distribution by Geographic Zone

**Broadband for Health Program
Practices - Takeup by RRMA
1 September 2004 to 28 February 2006 - % of Approvals**

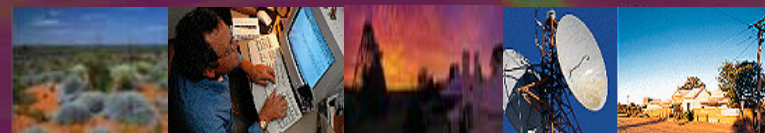




How has EGRRS informed policy?

MANAGED HEALTH NETWORKS GRANTS:

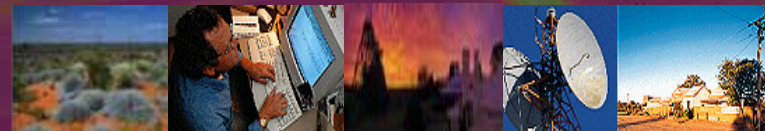
to build on activity to date in the Broadband for Health Program (uptake of business-grade services) *by enhancing connectivity and providing a platform for the advancement of the e-Health agenda nationwide*, including participation in shared electronic health records.





Seeding Grants

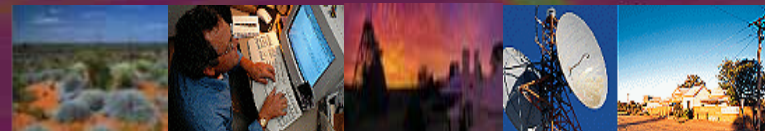
- No more than \$100,000 each
- Support organisations in developing 'Business Cases', to help prepare applications for Development Grants
- Assessment based on need, ability, implementation plan, budget
- Closes 30 June 2006, available to assess now





Development Grants

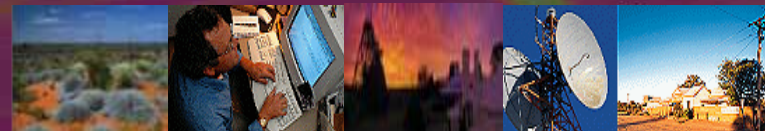
- No more than \$1.5million each
- Support organisations to implement a managed health communication network to improve accessibility to eHealth
- Assessment based on need, ability, financial viability, change management & governance, sustainability, national compliance, key relationships, implementation plan, budget
- Applications must include plans for evaluation
- Closes 30 April 2007, available to assess now





Application Service Provider Grants

- No more than \$1million each, small grants also expected
- Support organisations in improving rollout of eHealth applications via managed networks
- Assessment based on need, ability, implementation plan, budget, technology, and evaluation
- Closes 30 June 2006, available to assess now





Australian Government

Department of Health and Ageing

Further Information

www.health.gov.au/ehealth/broadband

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