

NSW Health

Laying Foundations for Smarter Healthcare

NSW 2006



Overview

- ❖ The Case for Change
- ❖ NSW Health Strategic Response
- ❖ HealthLink Program



Why is this important today?

- Patients unhappy with delays
- Staff increasingly frustrated
- Management of system is difficult
- Errors occur
- Complex to change & lacks agility
- Growth in costs are not sustainable

Culture of negligence a danger to patients

Ruth Pearce
HealthReporter

The NSW Health Department wasted more than \$200 million over the past 14 years on

ineffective systems to prevent money being spent – exposing staff and patients to unacceptable levels of risk, they say.

The director-general of health, Robyn Kirk, refused to comment on whether consent forms had

been signed, saying it received approval in 2002.

Other obligations include \$5 million was allocated to a statewide clinical risk management system that failed to tech-

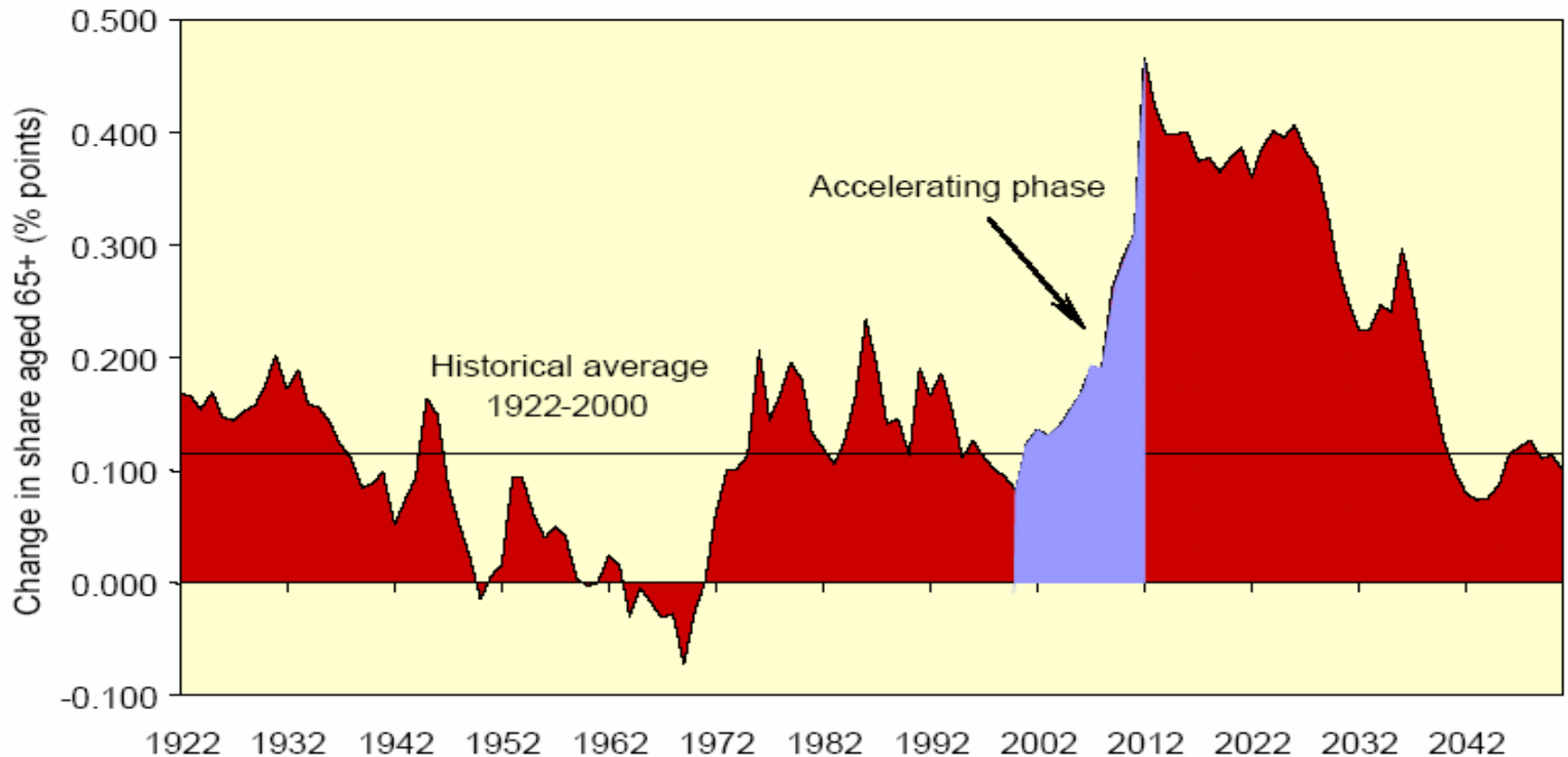


Changing the system is difficult

- Area Health Boards abolished – Health Service Chief Executives now accountable to the Director-General of NSW Health
- Area Health Services rationalised from 17 to 8
- 2 Admissions to Public Hospitals per minute
- 3 ED Registrations per minute
- 5 Community Care Services per minute
- 40 Medicare services per minute

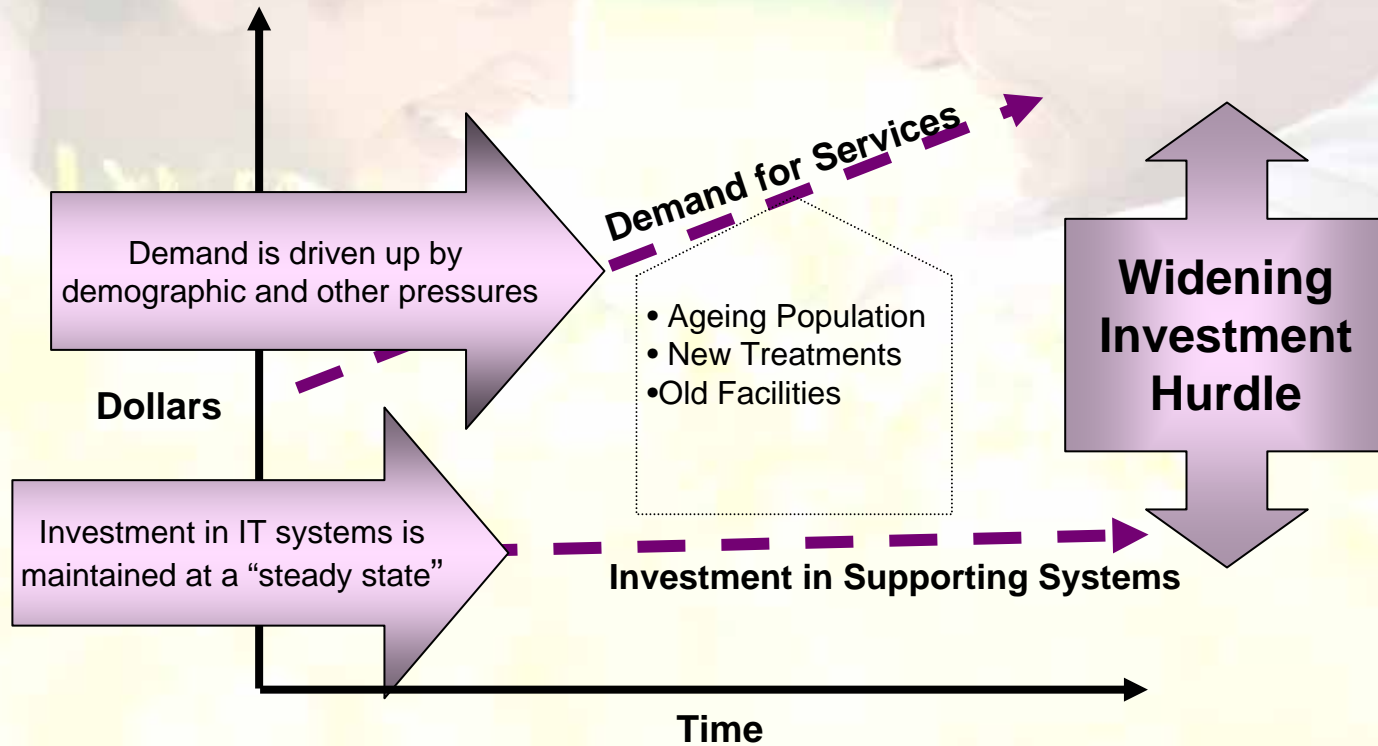


Why is this important for the future?



What if we do nothing?

- Consequences will be severe,
 - the impact of future health demand will become increasingly unable to be managed
 - increase future investment hurdles will challenge the capacity of Government to fund without significant impact on other services



What is the evidence for IM&T positive cost benefit ?

- Increased patient satisfaction
- Decreased delays and errors
- Increased staff satisfaction



News Release
FOR RELEASE
Wednesday
September 14, 2005



RAND STUDY SAYS COMPUTERIZING MEDICAL RECORDS COULD SAVE \$81 BILLION ANNUALLY AND IMPROVE THE QUALITY OF MEDICAL CARE

America's healthcare system could save more than \$81 billion annually and improve the quality of care if it were to broadly adopt computerized medical records, according to a RAND Corporation study that is the most detailed analysis ever conducted of the potential benefits of electronic medical records.

"Our findings strongly suggest that it is time for the government and others who pay for health care to aggressively promote health information technology," said Richard Hillestad, a RAND senior management scientist who led the two-year study that was reported in two articles published today in the journal Health Affairs

The study found that electronic medical records systems could save money by reducing redundant care, speeding patient treatment, improving safety and keeping patients healthier.

The biggest savings would come through shorter hospital stays prompted by better-coordinated care; less nursing time spent on administrative tasks; better use of medications in hospitals; and better utilization of drugs, labs and radiology services in outpatient settings.

Researchers also estimate that an additional \$4 billion would be saved each year because of improved safety, primarily by reducing prescription errors as computerized systems warn doctors and pharmacists of potential mistakes.



Where do the savings come from?

Table 3.2
Summary of HIT-Enabled Efficiency Savings

Payers: Any	Potential Savings	Mean Yearly Savings	Cumulative Savings	Savings Year 5	Savings Year 10	Savings Year 15
(\$billions)						
Outpatient						
Transcription	1.9	0.9	13.4	0.4	1.2	1.7
Chart Pulls	1.7	0.8	11.9	0.4	1.1	1.5
Laboratory Tests	2.2	1.1	15.9	0.5	1.5	2.0
Drug Utilization	12.9	6.2	92.3	3.0	8.6	11.8
Radiology	3.6	1.7	25.6	0.8	2.4	3.3
Total	22.3	10.6	159.0	5.2	14.8	20.4
Inpatient						
Nurse Shortage	12.7	3.4	19.0	3.4	10.0	13.7
Laboratory Tests	3.0	0.8	11.9	0.8	2.2	2.8
Drug Utilization	3.7	1.0	15.9	1.0	2.8	3.5
Length of Stay	36.7	10.1	190.0	10.1	27.6	34.7
Medical Records	2.5	0.7	11.9	0.7	1.9	2.4
Total	58.6	16.1	408.5	16.1	44.5	57.1
Total	80.9	41.8	627.5	21.3	59.2	77.4

**Represents
15.2% reduction
in average
LOS**



What is NSW Health strategic response?

Performance Management

Improving our utilisation of existing resources

Facilitate more efficient practices

Better manage costs

Monitor system performance

Monitor quality and safety

Improve resource flexibility

New Models Of Care

Rethinking our application of our resources

Chronic Care

Disease Management

Community Care

Improved Access

Improved Discharge

Redesign Patient Journey



What are the underlying strategies?

Clinical Services Redesign

Corporate Services Redesign

Application Systems & Technology Strategy

Business Information Strategy

Rethinking our application of our resources

Linking primary and secondary care information will allow improved patient discharge processes

Infrastructure that allows data to be shared could prevent inappropriate admissions and keep patients' treatment in the community

Flexibility and connectivity will create opportunities for a smoother patient journey

Rethinking our application of our resources

Improved business processes for core activities

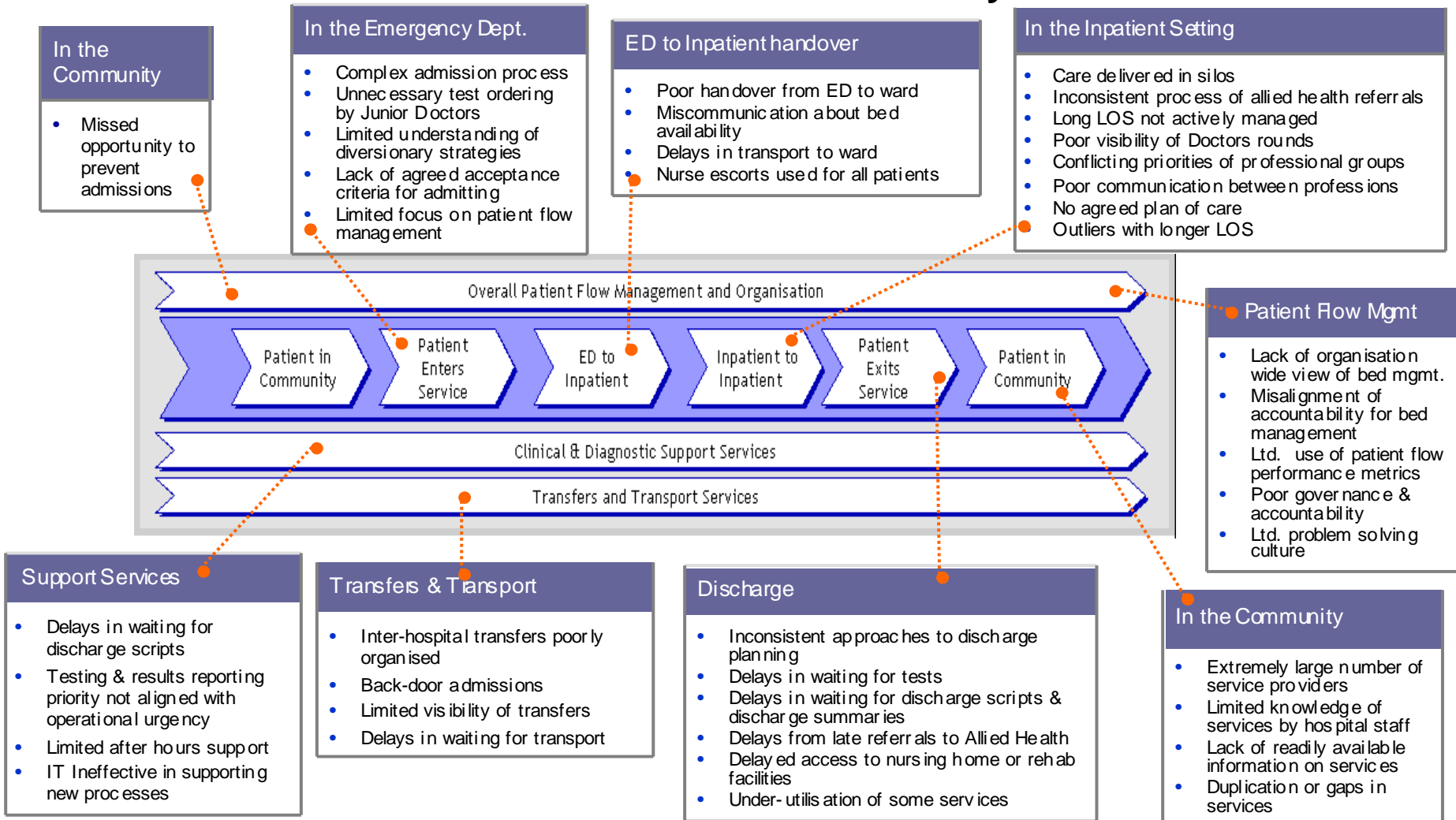
Consolidated Infrastructure across Area Health Services to a more economical model

More rapid and consistent deployment of applications

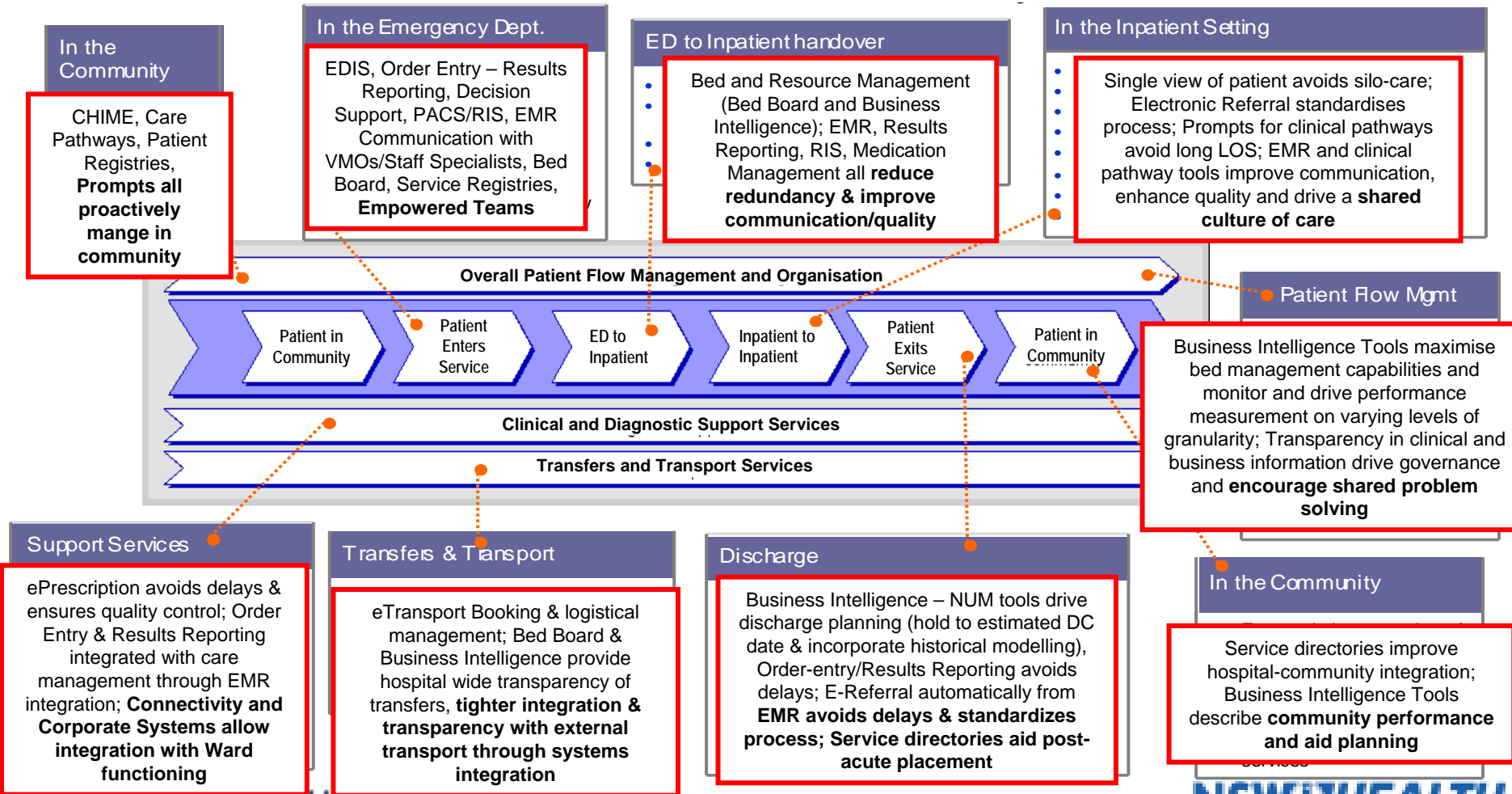
Improved access to resources



NSWH Clinical Service Redesign Program



NSWH IM&T Strategy Alignment



Healthlink Electronic Health Record

- A single record integrating information for an individual from:
- Inpatient
 - Outpatient
 - Emergency Department
 - Community and Allied Health
 - General Practice
 - Diagnostic services
 - Dental services



What information is in the record?

As it builds over time, a record may include:

- Diagnoses and prescribed medications
- Demographic data of patient
- Episode history from participating facilities
- Diagnostic results
- Patient entered data
- Consumer health diary and questionnaires



NSW Health Current EHR Pilot- Sites

- Two lead sites
 - Greater Western Sydney (up to 60,000 people)
 - All children Birth to 15yrs
 - Consumer population based on postcode of residence
 - 5 postcode areas within the Sydney South West and Sydney West Area Health Services
 - Hunter (up to 7,000 people)
 - All people aged over 65yrs
 - Consumer population based on postcode of residence
 - 5 postcode areas within the Hunter New England Area Health Service
- Initial go live was on 23 March 2006 at Maitland Hospital Emergency Department



What are the benefits of Healthelink EHR?

- Reduction of adverse events - from more complete understanding of patient's medical history
- No need for duplication of tests, speeding up the ability to provide care and reducing costs
- Increased potential to identify safety issues for the patient
- Patients (or their guardian or carer) can get online access to their medical records



What is the participation model?

Participation in *Healthelink* is voluntary and is based on an opt out model which involves:

- Patient being given an information brochure when attending a participating facility
- After the consultation has occurred summary sent to *Healthelink* (unless the patient opted out)
- For new patients: enrolment created and detailed information kit sent by mail
- 30 day cooling off period in place - to allow the patient time to decide whether to participate
 - During this time no information is available in *Healthelink*
- Patients able to opt out or opt back in at any time



How is access provided?

- Authorised users logon and access records via the *Healthlink* website
- Patients can register and get their own logon/password
- Registered patients can:
 - view their records
 - view audit logs
 - enter information online using Blue Book and Red Book templates

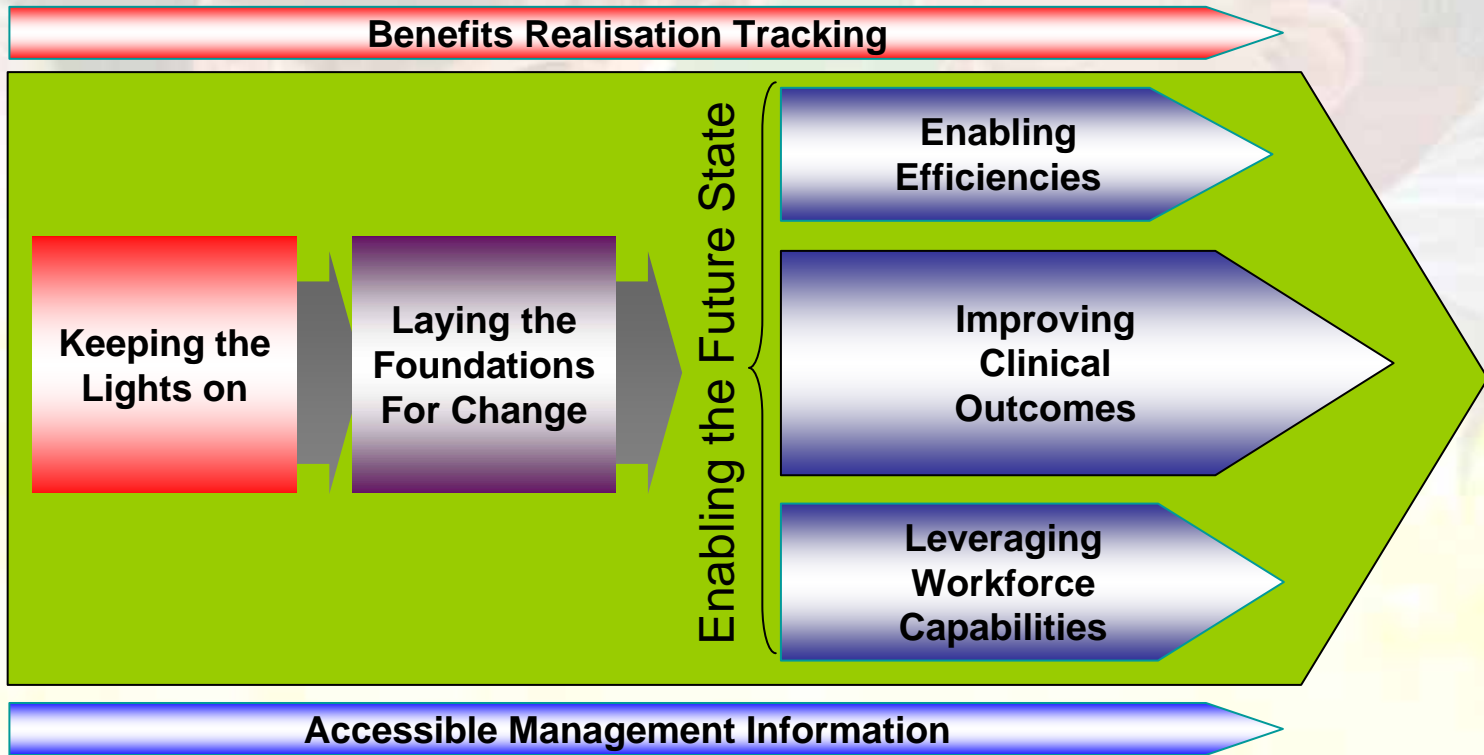


What type of notifications are available?

- Providers can choose to set up their system to receive notifications of interest for their patients
- Types of notification include:
 - Hospital admission/discharge
 - Diagnostic results
 - Death notification

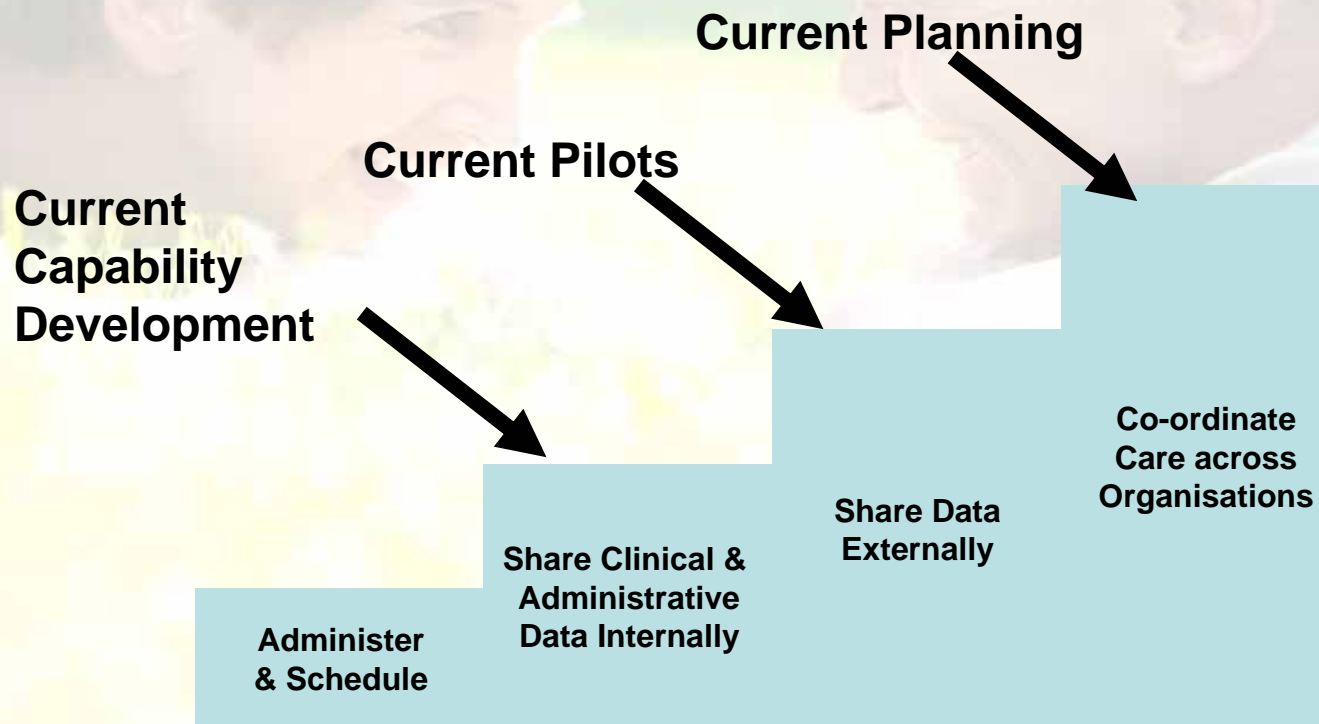


The Health eLink Portfolio Roadmap



What are the key IM&T steps forward?

Climbing the Capability Staircase



Challenges

To progress to the top of the capability staircase the following will need to be Overcome:

- Funding – increased and sustained over time
- Access – authentication and security
- Data quality
- Privacy, Consent & Consumer participation
- Standards, terminology, coded data vs free text
- Maturity of Vendor & NSW Health capability

