E-health in Australia: time to plunge into the 21st century

Terry J Hannan

To the Editor: Pearce and Haikerwal state that "legislation to introduce health identifiers [was] recently passed by Parliament" and that e-health "can ease the patient journey, improve quality of care and reduce costs".[1]

It is critically important to comprehend the purpose of the unique health identifier. Its primary function is to be the "key" to a patient's clinical data and information. It is not a clinical decision-support tool that will improve care. There are many systems that require multiple identifiers for a given patient. However, the success of these systems is dependent on their ability to provide information management tools.[2-5]

The authors correctly state that "Australia's health care system lags behind all other sectors of our economy in the use of computerised systems". What must be debated is their statement that, although "general practice and community pharmacy are highly computerised, the hospital sector is not".

The debate should move from the uptake numbers for computerisation to the evidence of whether these implementations have improved care — for example, through fewer adverse drug events, decreased resource use, improved quality of care and better patient outcomes. I suspect the evidence is very thin in the Australian context.

The authors observe: "Uncoordinated implementation of differing, incompatible systems within and between hospitals compounds a dire lack of national coordination of effort." This is not a new phenomenon. We actually know what works and, in some advanced systems, what does not work.[6] This evidence base should provide the stimulus for pursuing the changes necessary to implement effective health information technologies. These changes are more social, professional and cultural than technical.[7]

In their final comments on the National E-Health Transition Authority, Pearce and Haikerwal maintain their focus on the technologies. Can we wait 5–10 years for the e-health system to be connected via the National Broadband Network? The necessary information management tools can be implemented now. Care must be a priority.

It would help if the focus was on successful implementation and a willingness to listen to those who have some degree of success in this field. A review of the National E-Health Transition Authority's website list of clinical leaders suggests that there are few clinical informaticians currently involved.

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Melissa Wake, Sarah A Davies, Harriet Hiscock and Gervase M Chaney

To the Editor: E-health's great promise is to improve health care delivery efficiency and effectiveness[1] by enhancing multidisciplinary care planning and information exchange.[2] General practice is now largely computerised.[3] However, a chain is no stronger than its weakest link, and Australia's otherwise slow progress towards linking secondary care into a functioning national e-health system is frustrating.[1,4] We join the chorus, raising concerns about the e-health readiness of the paediatric sector.

We recently surveyed the e-health readiness of paediatricians via the Australian Paediatric Research Network (APRN), a network of about 370 non-tertiary paediatricians broadly representative of all states and territories.[5] Established in 2007, the APRN aims to facilitate multisite research into common chronic childhood illnesses where they are most commonly seen — in paediatric secondary care settings. Core to this goal is testing cross-sectoral care models, which requires shared e-health capabilities.

Australian Paediatric Research Network Multi-Topic Survey 2010: computer and e-health use among paediatricians

Variable	Proportion
Computer access	
Access to computer at work	97%
Access in each patient clinic room	85%
Internet access at an acceptable speed	71%
Computerised patient booking/billing	67%
Clinical e-health use	
Computerised medical records	27%
Writing new/follow-up notes	21%
Ordering tests	16%
Writing scripts/referrals	13%

The APRN's annual web-based Multi-Topic Survey in April–May 2010 ($n = 181$, 48% response) contained a section on computer use with outpatients and in private rooms (Box). Almost all respondents reported having access to a computer at work. However, the reach of e-health is otherwise disturbingly low, its quality is questionable and, when used, it is mainly for clerical purposes rather than patient care. The 27% of respondents using computerised medical records reported more than 10 different systems, suggesting possible future barriers to information exchange and e-health initiatives.

We applaud the rapid progress made in general practice,[3] but general practitioners do not work in isolation. Our survey shows that, despite similar computer access, Australian paediatricians (and probably other physicians) are a long way behind. This has major implications for policy, shared care programs and the feasibility of e-research. E-health can only provide national benefits in our new world of chronic disease if all health sectors are involved.

On a positive note, the current low rate of computerisation in paediatric patient care means that e-health implementation for secondary care could yet be coordinated and integrated from the outset. This opportunity should be seized while still possible. Resources, government funding, planning, a solution focus and the will to move forward are urgently needed.

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