

Better Health Care Through Computers?

Global Access Partners hosts a national forum on the benefits of Electronic Health Records (EHR)

September 2, 2004 – Sydney, Australia: Scrawled and incomplete handwritten notes scattered among a host of healthcare providers may soon be a thing of the past, replaced by accurate, integrated computerised medical records available at the touch of a button.

Digital technologies which sort, store and securely deliver patient information could, by eliminating duplication in pathology testing, reducing serious errors and improving clinical decision-making, cut our spiralling medical bills and greatly enhance the quality of care.

To examine the benefits of government's move towards systematic e-Health standards, Global Access Partners (GAP) will host a cutting edge debate involving high level health executives, policy experts, service providers and consumer representatives on the 14th and 15th of September at the NSW Trade & Investment Centre and Garvan Institute of Medical Research.

Canadian guest speaker Dr Allen Ausford will offer an international perspective. Closely involved in the design, implementation and testing of the Alberta Electronic Health Record, Dr Ausford was one of the first Canadian physicians to use the service in general practice.

According to Mr Bruce McEwen, Healthcare & Life Sciences Executive, IBM Australia - a major sponsor of the initiative – the development of a framework to obtain real-time information in the handling of medical records will play a pivotal role in bringing about improvements in medical care and overall human health.

“Through the introduction of information-based medicine, data such as genetic profiles, medical images and other research can be integrated with clinical information to give healthcare providers a more complete picture of factors that may have influence on a patient's medical condition. Additionally, the automation of records for networking across institutions and departments will offer immediate operational efficiencies to the health services,” says Mr McEwen.

With a variety of e-health projects and trials underway in different States, the need for continuing collaboration is paramount to gain consumer and clinical endorsement. “There are lots of people involved and projects need to be well coordinated,” says Prof Peter Fritz AM, chair of the GAP Steering Committee. “A multidisciplinary approach is the only way to crack the problem. [...] We measure success by how well our initiatives satisfy stakeholders' needs and deliver on their economic aims,” says Prof Fritz. “This business focus makes GAP Forums unique”.

The costs of initially entering patient data might prove a barrier in the absence of incentives for GPs to join. “We have to invest to motivate people to create the initial database,” says Dr Andrew Pesce, Chairman of the AMA's Medical Professional Indemnity Task Force. “Once records exist, and require mere updating, the costs are greatly reduced.”

Under the national HealthConnect program, Electronic Health Records are a high priority, with a Statewide rollout of the initiative planned for Tasmania and South Australia. For the NSW State Government, “the ‘Health e-link’ initiative, announced recently by Minister Iemma, will demonstrate the benefits such a system can deliver at a national scale”, says Dr Ralph Hanson, CIO NSW Health.

After examining the costs, benefits and implementation issues of EHR and the reliability of existing technologies in boosting standards of care, the GAP Forum will create a National Consultative Committee to carry forward its recommendations and pursue practical outcomes with lasting economic benefit.

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