

1. Privacy issues / Privacy Breaches / Penalties for breaches;

NSW Health understands the demand by consumers and healthcare providers for health information to be protected by robust legislative and regulatory frameworks, both existing and those newly developed and tailored specifically for the PCEHR and for broader eHealth reform. The newly developed PCEHR legislation seeks to integrate with, rather than override existing statutory regimes.

NSW Health was consulted throughout the development and subsequent refinement of the PCEHR legislation and State Health Ministers have provided in-principle support to the finalised draft PCEHR legislation.

2. Security of information on the PCEHR;

NSW Health was consulted as part of the development of the draft PCEHR Concept of Operations and is confident that information can be securely exchanged between providers as designed.

The PCEHR itself along with a number of national eHealth solutions (identifiers, secure messaging, and directories) have the potential to improve the security of information exchanged between providers in different care settings.

For example:

1. The Healthcare Identifier (HI) Service will provide a mechanism to ensure patients can be identified, matched and tracked across a complete patient journey and that organisations and providers can be confidently validated
2. The National Authentication Service for Health (NASH) will provide the security and transport mechanisms for the exchange of clinical information and
3. National PCEHR infrastructure itself can provide another mechanism through which patient information can be securely accessed

3. Questions about the design, functionality and capability of the PCEHR;

NSW Health was consulted as part of the development of the draft PCEHR Concept of Operations.

From an 'end state' perspective the design and functionality documented support the significant benefits to patients outlined in the Individual Electronic Health Record (IEHR) and subsequent business cases, however our 2 key observations would be:

1. Achieving a full implementation requires significant continued investment, and
2. PCEHR lead sites are critical. Starting with targeted patient cohorts (chronic disease, the elderly, aboriginal populations, mothers and babies) in geographies where all providers can participate will improve patient care.

4. Questions regarding the use of consultants, contractors and tenders let or hired by NEHTA in regard to the development of the PCEHR;

NSW Health makes no comment in relation to this inquiry point.

5. The level of functionality of the PCEHR at 1 July 2012;

PCEHR national infrastructure, and registration processes will commence from July 1 2012, however, even prior to July 2012, lead sites will be sharing clinical documents across settings, enrolling consumers and building consumer-based eHealth solutions – the momentum of these eHealth programs must be continued.

NSW Health is undertaking three NeHTA funded Lead Site implementations (commonly referred to as 'Wave Sites') across the state, St Vincent's & Mater Health Sydney, Hunter New England and Greater Western

Sydney. These projects will deliver the following eHealth capabilities:

St Vincent's / Mater Health Sydney (Wave I)

- Sending of Discharge Summaries from SV&MHS to participating GP practices;
- Sending of Shared Health Summaries from participating GP practices; and
- Sending GP electronic referrals from participating GP practices.

Progress to Date

- SV&MHS was the first eHealth site to sign-up / register consumers to the PCEHR
- 230+ GPs have already signed up to participate (>80% of the target)
- SV&MHS is now receiving electronic referrals to all areas of the campus from participating GP practices
- St Vincent's Hospital is sending electronic discharge notifications to participating GP practices
- St Vincent's Hospital will implement electronic discharge summaries commencing in December 2011 with completion by January 2012 – with the discharge summaries being sent electronically to participating GPs
- St Vincent's Private Hospital electronic discharge referrals (nurse initiated) will be implemented in December 2011 and sent electronically to participating GPs
- Specialist letters from St Vincent's Hospital clinics will be sent electronically to participating GPs commencing in January 2012
- Consumer recruitment within St Vincent's Hospital outpatient clinics will commence late January 2012

Hunter New England (Wave I)

- Sending of discharge summaries from inpatient, ED and Community Health settings to a consumer's nominated general practitioner.
- Outbound referrals.
- A provider portal (delivering a consolidated view of data, and 'drill down' access to other information (documents and images)).

Greater Western Sydney (Wave II)

This project leverages previous technology investments and statewide assets in readiness for connection to the PCEHR when available.

- Sending of discharge summaries from inpatient, ED and Community Health settings to participating GPs.
- A statewide repository of diagnostic medical imaging studies for every individual in NSW, the Enterprise Imaging Repository (this is not funded as part of the PCEHR program).
- Sending of Shared Health Summaries from participating GP practices.
- The eBlue Book for parents and children in NSW to track post-natal baby information including assessments and vaccinations.
- Required local infrastructure such as an Enterprise Patient Registry (EPR) and Enterprise Services Bus.
- A clinical repository of rich and diverse clinical data from public health system sources
- A provider portal, delivering a consolidated view of data, and 'drill down' access to other information (documents and images).

Progress to Date

- 100+ GPs from 12 practices have signed up to participate (120% of the target).
- 3 Blue Mountains hospital wards are creating Discharge Summary forms.
- The Enterprise Patient Registry including ESB is now live, with over 1.8M patient demographic records loaded
- The Enterprise Imaging Repository is now live, with connections to the National HI Service completed.

6. Questions around continuation of NEHTA after 1 July 2012;

A nationally coordinated approach to connecting primary, community, private and public care settings is essential, and NeHTA is best placed to develop and communicate the standards required to do so. Significant eHealth momentum has now been created, which must be maintained.

NSW has already made considerable investment in local eHealth initiatives, has committed significant funding for clinical systems over the next four years, and would like to continue to take a leadership role with national eHealth initiatives, including the PCEHR.

7. The products that NEHTA designed, made, tested, certified for use in the PCEHR;

NSW Health will continue to work closely with all jurisdictions to ensure all national eHealth solutions are fit for purpose and will continue to integrate these solutions and standards into local initiatives.

A critical milestone was achieved in December 2012, with NSW Health achieving integration with the Healthcare Identifier (HI) Service. Medicare-generated Individual Healthcare Identifiers can now be used in our statewide Image Archive and for communication with General Practice as part of the Greater Western Sydney PCEHR lead site initiative.

8. Any other issues that the Committee considers appropriate.

Sustaining, Extending and Integrating Lead Sites with National Infrastructure

NSW Health is currently working with NeHTA to plan for the integration of the lead sites with the PCEHR. In addition to services that can potentially be transitioned (such as the electronic Blue Book mobile application and any local General Practice Repositories), ongoing funding is required to sustain and extend lead sites and to allow them to share clinical information and to continue PCEHR momentum.