23 December 2011

Committee Secretary
Senate Standing Committee on Community Affairs
PO Box 6100
Parliament House
CANBERRA ACT 2600

By email: community.affairs.sen@aph.gov.au

Dear Committee Secretary

Personally Controlled Electronic Health Records Bill 2011 and one related bill

People who live in rural and remote communities stand to benefit on several counts from the Personally Controlled Electronic Health Record (PCEHR), given that it will ensure their health information is available where and when they need it. Successful application and operation of the PCEHR will help to counter the greater health risks rural people face as a result of health workforce shortages and poor access to primary care, higher rates of many chronic conditions, an older population profile, a greater proportion on pensions, and the higher proportion of Aboriginal and Torres Strait Islander people in more remote areas.

In October 2011 the Alliance provided a detailed submission to the Department of Health and Ageing on the exposure draft legislation for the PCEHR. That submission comments on many of the particular rural and remote issues relating to the matter, and a copy is attached for your ease of reference. (It is also accessible on our website at http://nrha.ruralhealth.org.au/cms/uploads/publications/submission_pcehr28_28-10-11.pdf).

The key issues raised by people from rural and remote areas about the PCEHR include the following.

- For the PCEHR to work effectively for rural people, everybody needs to know about it: what to expect and what not to expect from it, how they can contribute to it or use it, and to see it as a worthwhile proposition for them and their business.
- In rural areas it is particularly important that this is not just GPs. Others who need to know about it, understand its capacity for good, and trust it, include local hospitals, pharmacists, ambulance services and personnel, optometrists, dentists, nurses, any other health or aged care providers in town, as well as members of the local community.
- All of these interested parties need to be able to link up with specialist services and hospitals in the city.
- Some of our correspondents likened it to the introduction of the Euro: it needs to be everywhere so that you can exchange it, or it's not worthwhile – a particularly powerful analogy given what has happened in the Euro zone recently!

The implementation approach so far for the PCEHR has focused mainly on lead sites that are well equipped and well supported to take up new technology and business approaches. Some people feel that even the name "personally controlled health record" is misleading and sounds exclusive.

Many rural people are concerned that the practicalities of implementing the PCEHR in rural and remote communities will be a major barrier to its uptake. These practicalities include physical broadband connectivity, reliable connections, compatibilities between systems, straightforward and step-by-step information about what it is and what consumers and various health professionals need to do to get on board.

Provision of training, support and assistance to rural health professionals, including those in professions other than medicine, will be important to ensure that all the necessary individuals have the capacity to opt in to this new process.

The Alliance believes that a major step forward would be to establish supported implementation sites in challenging but high need primary care settings, so as to seed rural/remote uptake and lead the widespread adoption that will be necessary. These more challenging settings are those where the PCEHR can make a critical contribution to improving health care, but where people involved in the local area may well need some extra encouragement and support before they will be confident of getting involved.

These more challenging settings for success of the PCEHR include those where the local health workforce is highly mobile; where there is no 'lead GP clinic'; where doctors and allied health professionals fly or drive in from another centre or from the city; where the population is highly mobile (eg fly-in fly-out); and where a remote area nurse is the most highly skilled 'front line' professional.

The NT experience has shown that a targeted focus can succeed in getting uptake across an area served by a fairly uniform health service system. Such a targeted and supported approach now needs to be applied to other more challenging settings.

Making an absolute commitment to simple messages, step-wise instructions and basic system requirements, while not a part of the legislation, will help guarantee access to the PCEHR for people who live in rural and remote communities.

Because we believe the PCEHR has so much potential to address the health inequities faced by the people who live in rural and remote communities, we strongly support the work and will be pleased to provide any further information that might be useful to the Senate Inquiry.

Yours sincerely

Gordon Gregory
Executive Director