

Inquiry into the Role and Potential  
Of the  
National Broadband Network

Further Submission by  
The Consumers e-Health Alliance (CeHA)  
As Requested by  
House of Representatives  
Standing Committee on Infrastructure and  
Communications  
In Respect to e-Health, Education and the N.B.N  
At its hearing in Wollongong  
On 28<sup>th</sup> April 2011

13July 2011

Further submission to those of 11<sup>th</sup> March 2011 and 26<sup>th</sup> April 2011 and appearance by CeHA – convenor Peter Brown at Wollongong on 28<sup>th</sup> April 2011.

The following comment relates to the request arising from the Chair – HON. Sharon Bird which appears in the Hansard Report:-

**“CHAIR:** Thanks, Peter. Certainly there is an opportunity for us to have a further look at the other documents that we got today, which would be particularly useful. But as I stated with my original question, if there is a particular model you have seen somewhere where engagement with end users has been particularly effective, or elements of a model that the organisation thinks would be particularly effective, could you send that through to the committee as a specific suggestion? That would be useful to us. I take your point. Many of us have looked at e-health initiatives around the world, and while I take your point that it has been 10 years, given that the technology rolls out a bit behind the concepts, ideas and dreams that that can be a fairly short time frame. I think it is a useful point to say let us not reinvent the errors that may have occurred elsewhere, but have a look at them. It would be useful to us if you are able to get that through to us. We would appreciate that.”

We suggest the principle of our proposal Re Community Engagement was well stated on pages 52-53 of the Wollongong hearing Hansard in the following terms:-

*“Mr Brown: I think the substance, and how it is expressed was very well put together in the New South Wales health department's submission to this group, and I would like to read into the record what they had to say about it.*

*They are talking about the optimal capacity and technological requirements of a network to deliver the targeted outcomes:*

*‘A number of recent reports highlight the importance of user engagement as early as the design phase, including a report by Deloitte Australia which stated that the current top-down approach to technical planning should make way for more open discussion about applications; in particular, the report suggests that end-users should now ‘be more heavily factored into the public debate and planning of Australia’s NBN. Above all else, these groups will drive the success or failure of the NBN. They need to be considered from the outset and not at the conclusion of the building of the NBN's infrastructure’.*

*This is also emphasised by commentary from the United States which suggests that ‘The first rule of technology investment is you spend time understanding the end user, what they need and the conditions under which they will use the technology...’*

*New South Wales health are very much aware of the consequences of the e-health program not having followed the advice given by the similar House of Representatives inquiry into health information management and telemedicine. Telemedicine was on the agenda 10 years ago. It reported in October 1997, and in actual fact, we are not much further advanced today in spite of having spent many billions of dollars on well-intended but fruitless, unguided ventures. E-health*

*NBN policy makers have the opportunity to adopt this advice up front and to develop a strategic management structure not only for end users, as New South Wales Health proposes, but for all the affected community interests so that we can tackle this great national project in the spirit and context of genuine and inclusive teamwork.’ “*

In relation to the follow up requests by the chair we have developed the spaghetti chart conceptual format referred to earlier into a layout which displays the Telehealth operational situation in the many to many context and seeks to explain how it applies within an e-Health/ Telehealth environment.

There are now many instances of recognition that community engagement is a critical element in successful policy application. It's seems we live in a world tending towards over centralisation.

The key issue now is how to most effectively engage with the community and have them involved in policy development and in its acceptance and implementation. The need to evolve a successful “**How to best achieve this requisite condition is the challenge of the times**”.

We suggest that an example of a welcome step in this direction is set out in Minister for Regional Development and Local Government, Simon Crean’s announcement on 23th of June of the establishment of a Ministerial Advisory Council picks up this concept within its aim to better co-ordinate the \$4.3 billion investment in Health and, Hospitals, Skills, Education, and Infrastructure (in which we see NBN as key)

This Advisory Council is to assist in the co-operation and co-ordination of the work of the 55 Regional Development Australia committees established across all States and Territories, so that their projects can maximise the benefits for all. We recommend that the key role of NBN in this and other needs across the nation require a similar governance structure so that local needs can be better identified and appropriate NBN support can be positioned in harmony with them and with Health and Education systems.

Our organisational chart has built upon the almost consensual theme that runs through the many submissions to this Inquiry by the local Communities and Regional Educational bodies about the development outcomes they envisage arising along with the NBN and have endeavoured to capture a structure which would enhance these possibilities.

### **Telehealth Project Working Groups**

The actual business of telehealth and education and like is about optimising a complex network of many to many relationships and information exchanges. CeHA proffers this diagram as a realistic illustration of the business structure for interoperable networking infrastructure which can be adapted to suit each particular circumstance, and to contribute to the overall branding of the outcomes possible from the NBN.



*Figure 1: The need is for community input into telehealth services and the supporting information flows and records.*

This is the basis for identifying any community networking system as presenting a “many to many” operating environment which makes it quite different to lining up at an ATM machine, or paying the gas bill online, with which it is frequently compared. It is all about effective 2 way community engagement.

A health network whose role is to provide data exchange infrastructure support to the efficient delivery of a wide range of health services, which will expand considerably as Telehealth/ Telemedicine Techniques become more available, will require cross community engagement within the “4 Cs” context:

**Communication – Co-operation – Collaboration – Co-ordination**

This will take lot of thinking about in a cost-benefit / patient satisfaction sense.

We suggest that each given situation could best be supported by the creation of a community derived business implementation advisory group to function in a permanent standing arrangement at the business working level and reporting into a strategic policy advisory group, as above, answerable as appropriate to the form of ownership and its responsibilities as might be decided upon in each case.

In respect to learning from overseas experience related to Telehealth, we draw attention to the comprehensive presentation by CEO of Ontario Telehealth Network (OTN), MR. Ed Brown to the recent Rural and Remote Telehealth Conference in Cairns on the current status of their operation. See attachment link as below.

[http://www.hisa.org.au/system/files/u2874/RR\\_Brown\\_Ed\\_the\\_future.pdf](http://www.hisa.org.au/system/files/u2874/RR_Brown_Ed_the_future.pdf)

In an organisational sense this operation is well in advance of our situation. They have been learning from experience as have others eg. Scotland, so it is important that whilst they still have a long way to go: as a late comer in this field we should not reinvent the wheel in an organisational sense.

We note the recent NBNC launch in Armidale. It seems that Armidale and similar locations with a local university and established comprehensive health facilities would be ideal starting points that can also relate forthwith to the needy Regional, Rural and Remote communities which in themselves offer community collaboration advantages to aid a basic start up to fit their priority needs. It would also seem to align with the Ministerial Advisory Council concept as outlined in Minister Crean’s statement as referred to above.

END OF SUBMISSION