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Urgent need for national e-health record

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Greater use of technology is seen as vital in improving aged-care services, writes Ben Woodhead.

The Productivity Commission has painted a dire picture of the future of aged care in Australia.

In a research paper released last month, it forecast the number of Australians older than 85 would quadruple to 1.6 million and governments would need to spend \$450 million a year just to ensure aged-care nurses were paid the same as their hospital counterparts.

Tens of thousands of additional nursing home beds would be required and each new bed would cost \$150,000 to \$200,000 to set up, adding tens of millions of dollars a year to the cost of caring for older Australians.

The Productivity Commission's paper looks forward to 2047, but aged-care providers argue that governments need to move now to tackle the problems in an already overtaxed sector.

With hundreds of thousands more elderly Australians than there are beds in nursing homes and respite care, the providers argue technology has a key role to play in helping health departments cope with the coming flood.

But continuing delays in the introduction of a national electronic health record are complicating efforts to care for the elderly in their homes. The sector also continues to suffer from underinvestment in new information systems, experts say.

"If we're talking older people, they tend to have chronic complaints, which makes the information management task that much more important," Aged and Community Services Australia (ACSA) chief executive Greg Mundy says.

"But there's not been a lot of investment by government in aged and community care compared with, say, hospitals or GPs.

"The previous federal government put a lot of money into equipping GPs with computers but we haven't really got that level of investment in the community setting."

Proponents of aged-care information systems argue the technology is needed urgently because elderly people have higher rates of illness, use more medicines and regularly move between care settings such as

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their homes, nursing homes and hospitals.

To ensure the elderly receive the best care, ready access to critical patient medical records is essential, they say.

The federal government has previously provided funding for nursing homes to install clinical and patient management systems that aid in the sharing of information between residential care providers, hospitals and general practitioners.

But a recent, national survey of IT in aged care found many nursing homes' use of computer systems was unsophisticated.

Of the 107 aged-care organisations surveyed, just 33.4 per cent described themselves as IT savvy, 16.9 per cent said they were cautious about technology and 12.3 per cent said they were sceptical. The remaining 37 per cent said they could not categorise themselves.

Worryingly for the sector, many of the organisations that were cautious or sceptical had negative experiences with information systems in the past and were concerned they would not get a return on investment from installing new technologies.

Mundy says there are a number of bright spots in the sector, with some prominent participants, such as Western Australia's Silver Chain, adopting the world's best technology practices.

But he maintains that governments need to do more to encourage the uptake of information technology, particularly when it comes to community care for elderly people in their homes.

More than 700,000 Australians are in community care.

"We've been pushing the barrow of assistive technology for a long time," says Mundy.

"There are all sorts of devices that can help maintain people's independence . . . and we did get some recognition of that in the 2007 budget," Mundy says. "But it was money to fund a pilot program. There's been very, very light investment from the commonwealth government in this area and inconsistent and sporadic - but probably more - money from the states."

A spokeswoman for Minister for Ageing Justine Elliot referred questions on aged-care information systems to the Department of Health and Ageing.

In an emailed response, a spokeswoman for the department said the government was working to improve the use of information systems in aged care.

"The Department of Health and Ageing has been investigating, through the Clinical IT in Aged Care project, how clinical IT applications and tools can support and improve efficiency and quality of care," she wrote. "This research included an IT readiness survey of the aged-care sector, a series of product trials, the development of case studies to showcase existing activity and the use of online tools to encourage the latest clinical evidence to be incorporated into daily practice."

But she added that a national electronic health record was needed if the best quality care was to be provided to Australia's rapidly ageing population.

Proponents of a national record hoped that state and federal governments would consider a business case for the technology at the Council of Australian Governments (COAG) earlier this month.

But the meltdown of global financial markets pushed consideration of the National e-Health Transition Authority plan off the agenda and the sector now hopes COAG and the National Health Ministers' Conference will examine it next month.

"To realise the full potential of e-health a national system of individual electronic health records must be developed in partnership with the commonwealth, states and territories," the Department of Health spokeswoman wrote. "Such a system needs to be interoperable with the various public health systems, as well as the private sector."

The managing director of aged-care software developer iCare, Chris Gray, says community and residential aged care providers should not wait for a national record before pursuing potentially life-saving technologies.

But he also believes more funding is needed to address the problem of the country's ageing population and the strain it will put on the aged-care system - strain that has governments arguing that more and more elderly Australians will need to be cared for in their own homes.

"We have 9 per cent compulsory superannuation because the government knew the pension system would have broken with the retirement of the baby boomers. The same sort of dialogue is happening with aged care now," Gray says

"No one ever wanted to go into an aged-care facility - people always wanted to stay in their homes - it's just that governments are talking about community care more.

"But they also have to invest in the technology at the same time because there's no way that baby boomers can go into the current residential aged-care facilities with their numbers. The system would break."

Gray argues that because the aged-care sector has lagged hospitals in adopting clinical and patient management systems it is in a position to leapfrog many parts of the health industry as it is not beholden to legacy technology.

He also says that the demands of caring for the elderly make individual electronic health records in the aged-care sector a cornerstone of a national record.

Delays to the development of a national record, however, mean such a system will not be in place until the end of 2012 at the earliest.

In the interim, Mundy argues there are still things aged-care

providers can do and he notes larger and often better-funded organisations are making great strides in how they manage client information.

"One of the divisions of general practice in Melbourne uses pre-printed envelopes containing medical records that residents carry with them as they go from a nursing home to a hospital and back," he says.

"So there are things that people can do when they see a need, but you wouldn't want to try and run the whole health system of Australia on the basis of pieces of paper moving around. You can do more than nothing, however."