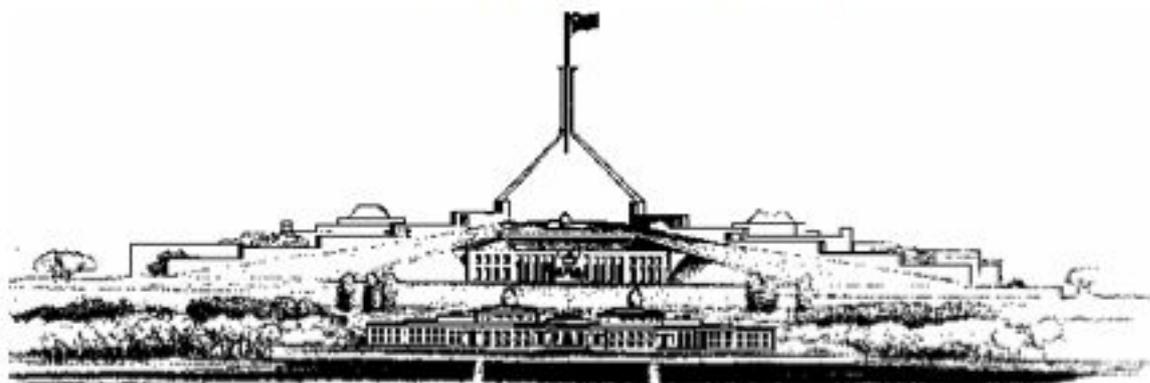




COMMONWEALTH OF AUSTRALIA

PARLIAMENTARY DEBATES



**THE SENATE**

**PROOF**

**BILLS**

**Personally Controlled Electronic  
Health Records Bill 2011, Personally  
Controlled Electronic Health Records  
(Consequential Amendments) Bill 2011**

**Second Reading**

**SPEECH**

**Tuesday, 19 June 2012**

BY AUTHORITY OF THE SENATE

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## SPEECH

<p><b>Date</b> Tuesday, 19 June 2012  <b>Page</b> 42  <b>Questioner</b>  <b>Speaker</b> Urquhart, Sen Anne</p>	<p><b>Source</b> Senate  <b>Proof</b> Yes  <b>Responder</b>  <b>Question No.</b></p>
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**Senator URQUHART** (Tasmania) (16:18): I rise to speak on the Personally Controlled Electronic Health Records Bill 2011. E-health is an integral part of the Australian government's agenda for health reform, an agenda that aims to create a continuously improving healthcare system for the 21st century, a system that is accountable, affordable and sustainable, with safety and quality at its centre.

The personally controlled e-health system is the next step in using e-health to enhance the health care system. This key infrastructure reform is of vital importance to the way in which our health professionals will provide their services in Australia in the future. It creates the capacity for a patient's shared health record to be available securely over the internet where and when it is needed at the point of care. The first release will deliver the core functionality required to establish a system that can grow over time. It will benefit both patients and providers through a secure opt-in system. A patient or their nominated representative will be able to register for an e-health record and control access to that record. Individuals can choose whether or not to have the personally controlled e-health record. If they choose to participate, they will be able to set their own access controls or allow default access settings to apply. With the individual's permission, key pieces of health information may be reviewed by participating healthcare providers across different locations and healthcare settings. This will remove the paper trail between health professionals, removing the need for pharmacists to squint when trying to make out the doctors' handwriting, as Senator Di Natale mentioned, importantly ensuring that the correct information is transferred between health providers. It will limit the need for patients to have to retell their story if they need to see a different specialist or GP, taking some of the burden out of seeing a new doctor. It will create synergies between a community mental health nurse who has assessed a patient at their home and the psychiatric unit of the local hospital.

It is a pleasure to be speaking to these bills only a few days after the Minister for Health, Tanya Plibersek, together with my federal Labor colleagues and I, announced a \$325 million assistance package for the Tasmanian health system. A key aspect of this assistance package is to build on the tremendous work of the north-western health professionals and provide resources to speed up the rollout of e-health

records to patients across the whole of Tasmania. A great example of how e-health can assist in isolated communities with limited health resources is evident in Smithton in the far north-west of Tasmania. Smithton is a small community of approximately 3,500 people that is serviced by a four-doctor general practice. The same GPs provide services at the local aged-care facility, Emmerton Park, and also at the local community hospital, which is located adjacent to Emmerton Park. As it is a small community, the majority of the residents of Emmerton Park and patients presenting to the community hospital are also patients of the local general practice.

Before the NBN connected the hospital, Emmerton Park and the general practice, doctors had not been able to access their existing patient notes when visiting Emmerton Park and the hospital because of variable and slow broadband, which meant that full patient histories, including test results, had not previously been available to them. This has provided the opportunity to implement technology using the NBN which will allow GPs to access their practice notes at both Emmerton Park and the community hospital, and print prescriptions on-site if required. The solution involves implementation of iPad 2 technology at Emmerton Park and the community hospital with virtual private network software to enable a quick remote connection to the practice system via the NBN. A wireless printer on-site will enable the printing of prescriptions, which the doctor can sign while in attendance. The iPad 2 technology will be duplicated at the practice so that doctors can use the camera features for consultation with their colleagues if required.

The Cradle Coast Electronic Health Information Exchange for north-west Tasmania has been a collaborative project of the UTAS Rural Clinical School, General Practice North West, the North West Area Health Service and the Cradle Coast Authority. The information exchange support team have had a very positive response from GPs, allied health professionals and specialists. Traditionally, the Tasmanian divisions of general practice have not worked with specialists and allied health professionals on collaborative IT initiatives. The north-west division engaged with the Cradle Coast Authority and with general practitioners, specialists and allied health professionals to install, train and support the uptake of a common, secure messaging platform, achieving

the right balance between technology and the personal aspect of e-health initiatives for the support officers to increase the uptake of the new system.

The platform enables patient referral letters to be sent electronically, rather than using traditional paper based processes. Electronic referrals jumped from under 400 a month to 2½ thousand a month in just 12 months because of the hard work of the support officers, and the time they spent, with individual practitioners and their practices in adapting IT solutions to existing business processes. A specialist practice has reported time savings from eliminating printing, folding and putting letters into envelopes and a reduction of its monthly postal costs by \$300. E-health teams are encouraged to focus on the personal side of IT and go over and above installing software and providing instructions. It does take time and effort, but the initiative has been embraced by healthcare providers, and the pilot will be used across the nation as this bill is enacted and the national e-health rollout continues.

During a recent spell of hospitalisation, I had a facial X-ray scan at a medical imaging facility. I was very surprised that there was no requirement for me to wait around for the slides to be processed and printed—no careful carrying of those slides between the imaging facility and the specialist. The e-health link between the medical imaging facility and the specialist's surgery was so comprehensive that, by the time I arrived for the appointment the next day, the specialist had already had time to study the images. He conveyed to me his enthusiasm for the arrival of the NBN and how this would enable more comprehensive e-health records. It will make it easier for him to communicate with other specialists in the community sector, in private practice and in hospitals.

The assistance package announced by Minister Plibersek last week in Tasmania will see an additional \$36.8 million over four years used to roll out personally controlled e-health records in Tasmania's hospitals and enable allied health, pathology and diagnostic imaging services to connect to e-health. In consultations with Minister Plibersek, front-line health professionals—surgeons, psychiatrists, paediatricians, social workers and emergency department nurses—all emphasised how enhanced e-health records would reduce errors and duplication, and improve the efficiency of their work.

Together with the funding for e-health records, the package will deliver \$31.2 million for an elective surgery blitz, providing about 2,600 additional surgeries, targeted at areas where there are large numbers of patients whose surgery is overdue, such as orthopaedic and cataract surgery. There is around \$22 million to establish walk-in clinics in Hobart

and Launceston to provide care for minor illnesses and injuries over extended hours and at no charge to patients, alleviating the pressures on emergency departments. There is \$48.7 million over four years for Tasmania Medicare Local, to support better care in the community to prevent and manage chronic disease. Individual GPs will continue to have central responsibility for the clinical care of their patients, with Tasmania Medicare Local supporting allied and preventative health services and the coordination of care. Additional support will include providing strength development and fitness programs for frail older Tasmanians, and addressing smoking, excessive alcohol consumption, physical inactivity and poor diet.

There is \$74.5 million to provide better care for patients when they are discharged from hospital and to provide better palliative care in the community. Tasmania Medicare Local will help build and support better links between hospitals and GPs by ensuring that appropriate follow-up care and services, such as rehabilitation, are available post hospitalisation. This is expected to reduce avoidable readmissions to hospital. Expanding access to community-based palliative care services will enable people to remain at home, if they wish, at the end of their life, with support for health professionals to improve their palliative care skills and for electronic advanced care planning, building on a model pioneered by the Cradle Coast Authority and North West Area Health Service.

There is \$53.9 million to train more medical specialists in Tasmania and provide more scholarships for nurses and allied health professionals, with up to 132 undergraduate clinical placement scholarships per annum, up to 48 postgraduate scholarships per annum and up to 70 continuing professional development scholarships per annum.

There is \$15.4 million that will target service gaps in mental health services and population groups who currently have poor access to mental health services.

There is \$42 million to support innovation in clinical services that would enable care to be delivered more effectively and efficiently. This will include \$1 million in seed funding to establish a virtual health sciences precinct, bringing together Tasmanian hospitals, the University of Tasmania's Faculty of Health Science, the Menzies Research Institute, the Clifford Craig Medical Research Trust and appropriate primary care providers.

This funding will provide both a short-term boost to elective surgery and increase the rollout of e-health records, as well as a plan for how we can manage the long-term issues Tasmania faces with its older population, higher rates of chronic disease and

system constraints. The funding addresses concerns raised in conversations across Tasmania with health professionals. For example, in the north-west, 18 health professionals joined Minister Plibersek in a small workshop room in the North West Regional Hospital's medical school. Joining the hospital's director of surgery and North West Area Health Service CEO were front-line nurses, doctors, allied health professionals, public servants, private practice operators and those who worked in both. There were people interested in research, those keen to just get things rolling again and some who wanted to revolutionise the system. They were all united in a desire to rebuild Tasmania's health system both for their community and for their colleagues. Gone were the squabbles between doctors and nurses. This meeting presented a united front to the minister and demonstrated just why Tasmanians and Australians should be very proud of our health professionals.

I was very impressed by the constructive attitude on display, not about a hand-out to patch up the issues but a focus on targeting the areas that would give the greatest return for the Commonwealth dollar, if it were to be forthcoming, and of course seeking the greatest return for the health of people in Tasmania, specifically in my area, the north-west coast. There was no desire to seek undue credit for anything but a real sense that this was our time to explain to the minister what we really do well in north-west Tasmania and what we need help with. We heard that there is no point throwing a lot of money at elective surgery when there are also significant bottlenecks in preparing someone for surgery and in rehabilitating them afterwards, as well as the important facet of our health system of trying to keep people well and out of surgery to begin with. That is exactly why systems research and e-health infrastructure definitely need to be expanded. North-west Tasmania is leading the nation in the rollout of e-health infrastructure and capacity. E-health makes getting treatment simpler for patients and delivers treatment more easily for health professionals. This is another positive reform being brought about by a Labor government committed to improving the health outcomes of Tasmanians both now and in the long term. I commend the bills to the Senate.