



Pressure to bring in e-health ramps up

By TOM SKOTNICKI

RECOMMENDATIONS made by the National Health and Hospitals Reform Commission on the introduction of e-health systems will put enormous pressure on the Federal Government to get them functioning, according to a leading advocate of the system, Professor Frank Sullivan.

The visiting fellow at the Australia Primary Healthcare Research Institute said the most important recommendation was that by 2012 every person should be entitled to an individual electronic health record. The Council of Australian Governments established the National E-Health Transition Authority last year with \$218 million to get the system operational. But at the same time the Federal Government has been cutting back funding and appears to have downgraded its priority.

The deadline of 2012 should act as a spur. E-health is a health policy buzzword, but few countries have managed to successfully implement it.

It involves the creation of electronic links so providers can talk to one another and distribute information regarding patients. If a patient gets an X-ray or blood test then the result could be automatically sent to the requesting doctor and could also be made available

to the patient.

The concept has had a chequered history in Australia, partially because of lack of compatibility between various technologies used by medical practitioners, issues of security and potential resistance from patients and advocacy groups concerned with privacy. The latest version of the health record, if the Commission has its way, will be purely voluntary.

Former secretary of the department of health, Andrew Podger, said e-health became a political football when Michael Wooldridge was minister for health (1998-2001). Mr Wooldridge insisted that an electronic health record would only succeed if it was directly related to improving health outcomes.

“This is why we were disappointed when it was taken over by Joe Hockey in Human Services (2004-2007) and it was decided that the card be should be used for a range of other purposes including payments of benefits.”

Professor Sullivan said he anticipated some resistance from GPs because they regarded themselves as being independent of government. However, the fact that those that do not participate would lose out on funding should persuade the profession to cooperate.