NATIONAL E-HEALTH SYSTEM RELAUNCHED

A renewed push for the stalled national e-health system has been welcomed but industry experts caution problems still lie ahead.

Federal Health Minister Susan Ley officially launched the government’s revamped My Health Record last month. The government announced $485 million in last year’s Budget for the failing national electronic health records system. Part of the package involves opt-out rather than opt-in trials for more than one million residents in Western Sydney and North Queensland aimed to address the low uptake. An independent review recommended an opt-out system after less than one in 10 Australians signed up to the PCEHR launched in 2012.

Legislation for the opt-out trials was passed in the Senate last November.

Consumer Health Forum CEO Leanne Wells said the opt-out approach would see faster development and enable people to access their health records electronically as they do banking, telecommunications and online shopping. “Once it is operating well and all health professionals and providers are using it to routinely log patient information and refer to that record, it should lead to better coordination, a decrease in duplication of tests and fewer adverse medical events.”

University of Queensland Senior Lecturer in the Centre for Online Health in Medicine and Biomedical Sciences Sisira Edirippulige said critical to the success of the e-health system was people using it. “People haven’t entertained this opportunity. We need the numbers to make it viable. “My initial understanding is that GPs are still going to have to create the electronic health record and have to collate them - whether they are in a position is still questionable.”

The other difficulty was whether enough information would be collated in the clinical summaries and whether clinicians could make correct decisions based on the information available. “It is also dependent on how accurate the information is as well as how much. This is essential for people to use the system.”

Estonia was the first country in the world to introduce electronic health records which were mandated, Edirippulige said. “The one thing they have done is have them mandated so everybody has to use it.” Denmark had also seen successful implementation of a national electronic health record system. “It’s very important we look at those success stories,” he said.

Health Informatics Society of Australia former Chair Lis Herbert was an e-health Project Officer on an 18-month contract introducing e-health to GPs and Medicare Locals on the Gold Coast in 2013. The difficulty was the variability of practices in their readiness for implementing e-health records, she said. “It was very practice dependent. The take-up from some GPs was minimal, for others the incentive payments inspired a lot of them. The health summaries were not an onerous task but there was a lot of misinformation.”

Ms Herbert said she hoped government would put in place the training required for clinicians to use the system.

AGEISM TRIGGERS ELDER ABUSE IN AGED CARE

A leading aged rights advocate believes staff working in aged care should be screened for ageist views in a bid to reduce the incidence of elder abuse currently pervading the sector.

Addressing the 4th National Elder Abuse Conference in Melbourne in February, Adelaide-based Aged Rights Advocacy service’s Brenton Pope (pictured), argued ageism is directly causing elder abuse within residential aged care facilities.

Mr Pope said ageism, an inherent part of society that exists in many forms, has become problematic in aged care. “One of the most dangerous assumptions we can make is that aged care is in some way immune from ageism.” Mr Pope said ageism, defined as stereotyping or discrimination against groups based on age, can negatively impact how people define and respond to elder abuse in aged care settings.

Mr Pope illustrated numerous cases of misconception that regularly occur that were often overt or covert. An overt example was that staff might believe older people bruise easily, and therefore fail to investigate signs of potential physical assault, for example. Covert abuse, which includes “insidious forms of abuse operating under the surface”, is harder to detect but no less damaging, Mr Pope said. “[It’s] the removal of rights, freedoms and liberties that are generally afforded to all members of our society. People in residential aged care are often excluded from these rights and freedoms on no other basis than their age,” Mr Pope said.

Mr Pope said a screening tool assessing ageist views within aged care facilities would help shift discrimination and build positive culture throughout all levels of organisations. The action would also directly help reduce elder abuse in aged care.

Alzheimer’s Australia NSW General Manager Policy Research Brendan Moore also spoke at the conference on preventing financial abuse on older people. Research recently published by Alzheimer’s Australia NSW, detailing its experience establishing an interagency response to the problem, acknowledged that reducing financial abuse is difficult to address, and even more tricky for people suffering dementia. “For people with dementia, abuse can be very invisible to them, in that they are not aware that it is occurring, they may not recall it, and yet their dependence on others increases over time and increases their vulnerability to this.”

The research made several recommendations, including calling for the establishment of a Public Advocate position in the state.