

# Draft National Healthcare Interoperability Plan

## **LASA response**

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# About LASA

## Who We Are

LASA is the national association for all providers of age services across residential care, home care and retirement living/seniors housing.

## Our Purpose

Our purpose is to enable high performing, respected and sustainable age services that support older Australians to age well by providing care, support and accommodation with quality, safety and compassion—always.

## Our Members

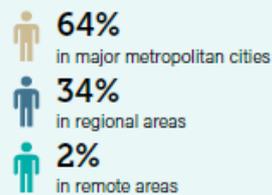
We represent providers of age services of all types and sizes located across Australia's metropolitan, regional and remote areas. We are dedicated to meeting the needs of LASA Members by providing

- a strong and influential voice leading the agenda on issues of importance;
- access to valuable and value-adding information, advice, services and support; and
- value for money by delivering our services and support efficiently and effectively.

## LASA supports all providers of aged care



## Our Members are located across Australia



## Our Affiliates

LASA Affiliates are proud supporters of the critical role played by the age services industry in caring for older Australians. Their value-adding products and services help age services providers apply innovative solutions that improve the provision of efficient and quality care.

## Our Strategic Objectives

1. Be the credible and authoritative voice of aged care representing the views of our Members for the benefit of older Australians.
2. Build sector capability and sustainability by delivering valued services and support to Members
3. Lead continuous improvement by promoting and celebrating excellence and innovation in age services
4. Deliver value for money for Members and Affiliates.
5. Be a high performing, respected and sustainable association that cares for our purpose, our Members and our people.

Thank you for giving LASA the opportunity to comment on the draft *National Healthcare Interoperability Plan* (the Plan). LASA notes that the Plan has been developed to map a pathway to a more interoperable Australian health system and to support the implementation of digitally enabled models of care.

LASA agrees that the inability to easily share meaningful information between clinical systems remains the norm in Australia and is seen by clinicians as the major barrier to using digital health to improve healthcare. This is especially true in the context of care provided to older Australians receiving aged care where lack of interoperability of information and technology systems is a key barrier to digital health adoption.

Implementation of the digitally enabled models of care (supported by the Plan), we believe, will support safe, secure, efficient, and quality healthcare through an ecosystem of connected providers that conveniently and seamlessly share high-quality data with easily understood meaning, as noted. However, we believe any action plans/activities to support the Plan need to be properly targeted towards specific setting (i.e. hospitals, pharmacy, GP organisations, aged care facilities etc.) to ensure that they are fit-for-purpose.

This response has been prepared from an aged care perspective.

### **Background information**

The draft document assumes that readers have good understanding of the various software systems/digital platforms used in different setting (e.g. hospitals, pharmacies, GP organisations and residential aged care facilities) and issues pertaining to interoperability between systems. We believe this is often not the case. For example, in discussion with providers/aged care workers, some have indicated that they are not very familiar with interoperability issues between software systems used by different healthcare providers.

To this end, we believe background information explaining the various software systems used in different settings and system interoperability, should be provided at the beginning of the document to set context for the Interoperability Plan. This will help readers better understand the Interoperability Plan and why the Plan is needed to support/improve healthcare.

### **Scope**

In reviewing the draft document, LASA is disappointed to note that the focus of the Plan is mainly on interoperability issues/plans in the context of care provided in hospitals, pharmacy and GP organisations, and that aged care gets very little mention in the document. As a key stakeholder in healthcare for which lack of interoperability between systems is a key issue (as highlighted in the Final Report of the Royal Commission into Aged Care Quality and Safety), we believe aged care should be given better coverage/support in the National Plan.

The RACGP, for example, has noted that currently, many RACF and GP clinical information systems are not interoperable and often do not allow remote access to patient records or medication charts. This limits the flow of information between services and means GPs can be required to duplicate administrative work at their consulting rooms to ensure essential details are captured in a patient's medical record.

Importantly, for aged care providers, there is an expectation that the National Interoperability Plan should include initiatives to support/develop interoperability between clinical and care management systems (including for resident administration and finance). This will align with the RC Final Report which recommends the use of digital care management systems and universal adoption the My

Health Record by providers, noting transition to a digital care management system interoperable with My Health Record will result in a safer, more efficient and more comprehensive transfer of critical information relating to a person's relevant care and medical history; with such focus to ensure the optimal consumer experience across their care journey, whether transferring to/from aged care, acute care, specialist care, general practitioner, or allied health services.

According to ADHA own data, as of 25 April 2021, 10 per cent of residential aged care facilities registered for My Health Record but only 3 per cent have used the system citing connectivity in RACFs a key issue. This view was supported by the ACIITC study<sup>1</sup> which shows that only 14% of RACFs are using fully integrated software systems suggesting the urgent need for the aged care sector to be supported (regarding improved interoperability) in the National Plan. In the first instance, we believe a gap analysis regarding interoperability of different platforms used in aged care facilities would be very useful.

### **Interoperability principles**

LASA supports the Interoperability Principles highlighted in Section 3.1. However, we believe that improving digital literacy must be central to all efforts on enabling digital transformation of health care in Australia and should be included as part of the principles/priority areas for action in the Plan.

This is especially important in the context of aged care where lack of interoperability between systems (and to some extent lack of knowledge regarding system interoperability) is a key issue, as noted above. Aged care workers who will be key to digital health adoption in aged care, need better support in the context further education/training regarding interoperability and this should be highlighted in the document; to be successful we need to develop trust and acceptance of digital interoperability across the health ecosystem.

To this end, we are pleased to note that as part of the proposed action plans (Action 7.1) the Agency will develop education and communication content to increase awareness of interoperability. However, any awareness campaign must be properly targeted (e.g. towards hospital staff, aged care workers, GPs, etc.), focused on the optimal consumer journey, and should be designed/developed in consultation with the relevant stakeholders, including the aged care sector and consumers representatives.

Furthermore, the synchronisation of initiatives and strategies within the Plan across state-based eHealth entities will ensure optimal utilisation, integration and investment of digital technologies for the enablement of effective use of all health resources.

### **Interoperability and aged care policy changes**

Aged care is currently undergoing a number of regulatory changes which will impact on the way in which care is delivered to older Australians. This means aged care providers will need to make changes to their client care management systems to capture the necessary data that is required under the law. These changes including the collection of new person level data as part of quality and transparency initiatives. Additional financial information will also likely be required. Changes to the standards themselves are also under consideration and are likely to necessitate software changes to collect relevant points of evidence.

There is an opportunity to achieve efficiency and synergy if there is a clear timetable establishing all the technical changes that will be required, from both an aged care policy perspective and in terms of broader interoperability. A coordinated approach means that providers may be able to purchase

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<sup>1</sup> Barnett K, Livingstone A, Margelis G, Tomlins G, Gould G, Capamagian L, Alexander G, Mason C, Young R (2020) Innovation driving care systems capability: Final Report, Aged Care Industry IT Company

interoperable software at the same time that they are seeking software solutions to accommodate regulatory change – and vice versa. Taking a piecemeal and uncoordinated approach to these changes will add to costs and reduce sector and staff buy-in.

### **Drivers for interoperability and cost implications**

The draft document highlighted a number of potential drivers to drive interoperability. While LASA agrees that maturity measures, identifiers, terminology, standards and innovations have the potential to drive interoperability, in the context of aged care where more than 50% of aged care providers are operating at a loss<sup>2</sup>, we believe financial support/grant funding to enable aged care providers to build capacity/infrastructure to integrate digital technologies to support resident care will be needed and this should be highlighted in the Plan. We also believe that incentives similar to the general practice ePIP should be afforded to aged care providers to support maintenance of digital system and to update resident information, as part of quality improvement initiative.

Additionally, interoperability is about the enablement of effective service delivery through timely and accurate transactions comprising health data, and often there are associated transaction costs. This issue should be explored in the document and appropriate action plan developed regarding how does the plan address who pays for the data.

### **Measuring progress and benchmarking**

LASA agrees that being able to measure digital health maturity is a cornerstone for continuous improvement in a high-performing system. To this end we believe that there is a need for an evaluation framework to be developed to support the Plan, and this should be designed in consultation with relevant stakeholders including the aged care sector.

Importantly, Action 8.1 states that “The Agency will develop and undertake a survey of hospital, pharmacy and GP organisations to provide a benchmark for the level of interoperability.” We believe the work regarding benchmarking of progress should be expanded to include a benchmark for the level of interoperability in aged facilities, not just for hospitals, pharmacies and GP organisations.

### **Remote monitoring and examination in aged care**

The impending rapid growth of Australia’s older population has important implications for provision of services needed by older people. Our ageing population also challenges the ability of health services to maintain health and wellbeing, manage serious and continuing illness and provide support for older people with frailty and/or disability.<sup>3</sup> Remote monitoring devices continuously monitor activity in the home, for example, can play an important role in keeping older Australians healthy.

There is an opportunity for the National Plan to facilitate the uptake and use of remote monitoring and examination technology to improve safety for elderly individuals in their homes and reduce the need to take them to a GP or emergency department, and this should be explored and plan of action developed (including how it will be funded) in the document.

### **Transition arrangements**

LASA believes that any integrated system must be fully tested prior to full roll out to ensure the

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<sup>2</sup> <https://www.stewartbrown.com.au/news-articles/26-aged-care/239-stewartbrown-aged-care-financial-performance-december-2020-survey-sector-report>

<sup>3</sup> Van Gaans, D. & Dent, E. (2018) Issues of accessibility to health services by older Australians: a review. Public Health Reviews volume 39, Article number: 20 (2018)  
<https://publichealthreviews.biomedcentral.com/articles/10.1186/s40985-018-0097-4>

system is fit-for-purpose. We also believe that transitional arrangements (outlining scope, governance etc.) be put in place prior to the full roll out of the system to ensure providers are ready for the full implementation of the integrated systems, and this should be communicated to the relevant stakeholders in a timely manner. The transition arrangements/Plan should be designed/developed in consultation with the relevant stakeholders including the aged care sector.

### **Alignment with Primary Healthcare 10 – Year Plan**

LASA notes that the Government is close to finalising its Primary Health Care 10 Year Plan which aims to achieve the Quadruple Aim of: improve the patient experience; improve the health of populations; improve the cost-efficiency of the health system; and improve the work life of health care providers.

It is important that the National Healthcare Interoperability Plan aligns with the Primary Health Care 10 Year Plan and this should be discussed (in terms of how it fits in the 10 Year Plan) in the document and link to the 10 Year Plan included.

### **Supporting quality care and sustainability of the aged care sector**

In discussing the Interoperability Plan in the context of aged care, it is important to remember where digital technologies can be most useful in supporting aged care providers to deliver safer and higher quality care to consumers (interoperability between systems will be key to achieving these), particularly:

- Digital records have a key role to play in supporting how care is provided and driving compliance and auditing against accreditation standards. Once aged care facilities have high quality, codified data, it can enable software systems to provide alert and decision support for members of the care team, enabling better informed decision making;
- Digital information systems can also facilitate consumer-directed care, by ensuring that resident and family preferences are recorded, transparent, and acted upon by various members of the care team;
- Wider use of electronic medication management systems can help to reduce errors and harm to residents, through accurately documenting what medications are prescribed, and how and when they are administered to the resident. Connecting medication information digitally between aged care facilities, GPs and pharmacy would significantly help to improve medication safety, especially across transitions of care, such as planned or emergency hospital admission;
- Higher quality data will also be a key driver in producing meaningful, transparent and robust reporting. Capturing and reporting data as a by-product of clinical and administrative workflows will enhance data quality and minimise burden of compliance;<sup>4</sup> and
- In the future more advanced technology both in monitoring and assistive technology has the potential to change the way that care is delivered

Importantly, as an increasing proportion of low needs care is delivered in the home, over time the service needs in residential aged care will become increasingly clinically complex, and will require more clinically sophisticated information systems to manage these care needs. These systems will need to evolve to enable management and reporting of care outcomes and adherence with care pathways and best practice medication management and this should be discussed and highlighted in the proposed Plan.

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<sup>4</sup> Telstra Health <https://www.telstrahealth.com/content/telstrahealth/en/home/media-and-events/the-role-of-digital-technology-in-aged-care.html>

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